

REC'D FEB 25 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

3316

Do not use this space.

1. PLACE OF DEATH

(a) County Nodaway

(b) Township

(c) City MaryvilleRegistration District No. 626Primary Registration District No. 3831
St. Francis HospitalRegistered No. 6(d) Street No. 3 (If death occurred in Hospital or Institution, write its name instead of street and number) St.

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

5/2 Robert Lloyd Simpson(a) Residence, No. 6 Miles East of Clearmont Mo. St.

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFCoal Pierson SimpsonNov. 12, 1906

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

YEARS

32

MONTHS

2

DAYS

2

IF LESS than 1

day, hrs.

or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Clearmont, Mo.
(STATE OR COUNTRY)

FATHER

13. NAME Wm. L. Simpson14. BIRTHPLACE (CITY OR TOWN) Hills Co., Iowa
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Lillie Cora Edwards16. BIRTHPLACE (CITY OR TOWN) Page Co., Iowa
(STATE OR COUNTRY)17. INFORMANT Mrs. Opal Simpson
(ADDRESS) Clearmont, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Clearmont, Mo. DATE Jan. 16, 193919. FUNERAL DIRECTOR (NAME) Price Funeral Home
(ADDRESS) Maryville Mo.20. FILED Jan 18 1939 Mamie E. Clardy
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from

Dec 18 1938 to Jan 14 1939I last saw him live on Jan 13 1939 Death is saidto have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

Accidents from cracked
subpharyngeal abscess

Date of onset

12/9/381/2/39

Other contributory causes of importance:

Name of operation Dismemberment of fingers Date ofWhat test confirmed diagnosis? new Was there an autopsy? new

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) Dr. R. G. Lang M. D.(Address) Burlington, Iowa

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

John W. Price

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

John W. Price

Licensed Embalmer No. *3229*

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.