

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

26119
 Do not use this space.

REC'D AUG 18 1939

1. PLACE OF DEATH

(a) County Lewis Registration District No. 479
 (b) Township Labelle Primary Registration District No. 4288
 (c) City Labelle Mo. (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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

Charles Allen Simpson
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Georgia Simpson</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 20 - 1868</u>				
7. AGE	YEARS <u>71</u>	MONTHS <u>0</u>	DAYS <u>20</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u>			
	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) (STATE OR COUNTRY) <u>Memphis Mo.</u>				
FATHER	13. NAME <u>Charles Allen Simpson</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>			
MOTHER	15. MAIDEN NAME <u>Martha Ann Ford</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>			
17. INFORMANT (ADDRESS) <u>Edga M. Brightwell</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Labelle Mo.</u> DATE <u>July 11 1939</u>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>August Walter</u> <u>Stros City Mo.</u>				
20. FILED <u>111</u> 19 <u>39</u> <u>J. L. Brown</u> Local Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9th 1939

22. I HEREBY CERTIFY, That I attended deceased from 9:30 A.M. July 9, 1939, to 3:30 P.M. July 9, 1939
 I last saw him alive on July 9, 1939. Death is said to have occurred on the date stated above, at 4:00 m.
 The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance: glauc.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury July 9, 1939
 Where did injury occur? on road 2 miles N. of Labelle, Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Public Road

Manner of injury car accident run in back
 Nature of injury Internal Injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) W. W. McKim, M. D.
 (Address) Labelle Mo.

a. 2.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED

District Health Officer No. 10

District File Number 8-29-1418

Date Filed AUG 9 1939

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, or by.....

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

Signed.....

Licensed Embalmer No.....

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.