

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

33675

1. PLACE OF DEATH

County Shelby Registration District No. 922
Township Taylor Primary Registration District No. 6994
City Leadwood Mo (No.) St. Ward)

2. FULL NAME

Darrell Lloyd Simpson

(a) Residence, No. St., Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27, 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. HEREBY CERTIFY That I attended deceased from Feb 27, 1939 to March 4, 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb - 27 - 1939

I last saw h.w. alive on March 4, 1939 Death is said to have occurred on the date stated above, at 10:30 m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 6

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

Date of onset March 11

Pneumonia

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leadwood Mo

Other contributory causes of importance: 11W

Influenza

13. NAME Darrell Simpson

Name of operation Cholera Date of

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Epworth Ga

What test confirmed diagnosis? Was there an autopsy?

15. MAIDEN NAME Norma Strachan

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19...

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarevue Mo

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

17. INFORMANT Darrell Simpson

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

18. BURIAL, CREMATION, OR REMOVAL

Manner of injury

PLACE Leadwood Mo DATE Feb-Mar 6-1939

Nature of injury

19. UNDERTAKER W. H. ...

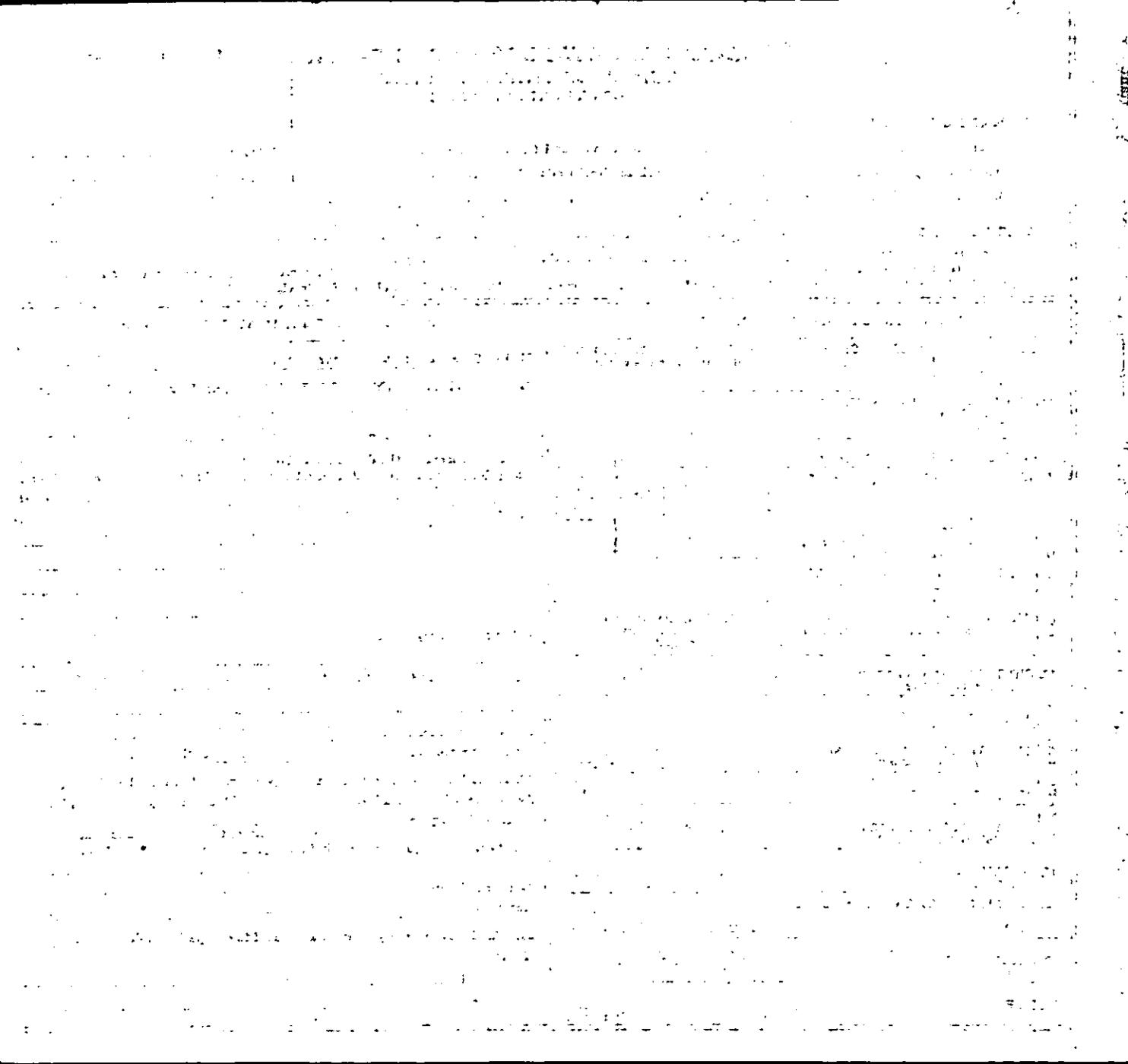
24. Was disease or injury in any way related to occupation of deceased?

20. FILED Mar 5, 1939 E. M. ... Registrar.

If so, specify

(Signed) D. Simpson, M. D.

(Address) Shelby Mo



FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

33675-

Do not use this space.

1. PLACE OF DEATH

(a) County Shelby Registration District No. 833
 (b) Township Taylor Primary Registration District No. 6096 Registered No. _____
 (c) City _____ (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 _____ mos. da. (If How long in U.S., if of foreign birth?) yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 518 Darrell L. Lloyd Simpson 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) s

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 6

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 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)

FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Mar 5 19 39 En Gerard Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 4 1939

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

Date of onset

Other contributory causes of importance:

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? _____ 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? _____

If so, specify _____

(Signed) O. S. Simpson, M. D.

(Address) Shelby mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Correct of clerical in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

