

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

Do not use this space.

1. PLACE OF DEATH

County Butler
Township Poplar-Bluff
City Poplar Bluff (No.)

Registration District No. 89
Primary Registration District No. 3007

File No. 31558
Registered No. 1735
St. Ward)

2. FULL NAME

Lon Simpson

(a) Residence, No. Freemont, Mo. Gen. Del. Ward.

(Usual place of abode) Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 26, 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
33 11 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1

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.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oregon Co. Missouri 1

FATHER 13. NAME Lee Simpson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co. Missouri

MOTHER 15. MAIDEN NAME Jannie Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co. Missouri

17. INFORMANT Jannie Simpson (ADDRESS) Wilderness, Mo. General De

18. BURIAL, CREMATION, OR REMOVAL PLACE Wilderness DATE Oct. 10, 1932

19. UNDERTAKER Greer Undertaking Co. (ADDRESS) Poplar Bluff Mo.

20. FILED Oct 10, 1932 B. J. Cline Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 4 ¹⁹³² to Oct 9 ¹⁹³²
I last saw him alive on Oct 9 ¹⁹³² Death is said to have occurred on the date stated above, at 7:20 P. M.
The principal cause of death and related causes of importance were as follows:

Peritonitis Date of onset
12:15
11:15
12:9
Other contributory causes of importance:

Chronic Appendicitis
Name of operation Appendectomy Date of Oct 4
What test confirmed diagnosis? Was there an autopsy? No

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 W. L. Brandon M. D.
(Signed) Poplar Bluff Mo.
(Address)

WRITE CLEARLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—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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