

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

322  
File No. 6411  
Registered No. 6411  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County Jackson  
Township Kearney  
City Keosauqua (No. Wilcrest Hosp)

Registration District No. 3001  
Primary Registration District No. 628

File No. \_\_\_\_\_  
Registered No. 6411  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Minnie Josephine Pipes  
(a) Residence. No. 2822 Tipton 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**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-18-97

7. AGE YEARS 50 7 23 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Ireland.  
(STATE OR COUNTRY)

10. NAME OF FATHER Don't know.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Don't know.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY)

14. INFORMANT P. L. Emerson.  
(Address) Lansing Mich. Water Hotel

15. FILED 2-5-20 19 76 M. Crowe  
REGISTRAR Def

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 3 1920

17. I HEREBY CERTIFY, That I attended deceased from 1-26-20 to 2-3-20 that I last saw her alive on 2-3-20 and that death occurred, on the date stated above, at 1 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

108 2nd Pneumonia  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED Wilcrest Hosp  
IF NOT AT PLACE OF DEATH: \_\_\_\_\_

2 DID AN OPERATION PRECEDE DEATH. DATE OF Feb 2/20

WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS. (Signed) W. L. ... M. D.

2-4-20 (Address) 76 Cms

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hill Cem DATE OF BURIAL 2/5 1920

20. UNDERTAKER Stine-McClure ADDRESS 924 Oak

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.

