JAN 28 1929

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

Do not use this space.
31368-1

1. PLACE OF DEATH
County: Randolph
Township: Cairo
City: Cairo (No. ..... St. ..... Ward)
Registration District No. 729
Primary Registration District No. 4434
File No.
Registered No. 10

2. FULL NAME: Louisa Ann Dipou

(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

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 23, 1829

7. AGE: Years 99 | Months 7 | Days 4 | If less than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY): Kentucky

PARENTS
10. NAME OF FATHER: Malulon Williamson
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Pennsylvania
12. MAIDEN NAME OF MOTHER: Margaret Stout
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Kentucky

14. INFORMANT: Mrs Frank Newton
(Address): Cairo, Mo

15. FILED: Oct 10, 1928 Dr J. P. Allen
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 27 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1928, to Sept 27, 1928 that I last saw h.... alive on Sept 27, 1928, and that death occurred, on the date stated above at 3 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fractured neck of femur.
1943
102 (duration) yrs. mos. 12 ds.
CONTRIBUTORY (SECONDARY): Senility
(duration) yrs. X mos. X ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) John P. Allen, M. D
Sept 28 1928 (Address) Cairo Mo

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Grand Prairie Cem.
DATE OF BURIAL: Sept 29 1928
20. UNDERTAKER: Albert Skinner
ADDRESS: Macon Mo.

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