

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

Do not use this space.

5
949

1. PLACE OF DEATH

County Lumpkin
Township Salem
City (No.) St. Ward)

Registration District No. 290
Primary Registration District No. 5408

File No.
Registered No. 14

2. FULL NAME

Rada J. Lippus
(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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Miss Lippus, no longer living

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 15, 1929
7. AGE YEARS MONTHS DAYS about 4 If LESS than 1 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) Housekeeping
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Wolinger Co. Mo

10. NAME OF FATHER

W. R. Brown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Stoddard Co. Mo

12. MAIDEN NAME OF MOTHER

Mary J. McMahon

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) East Tenn

14.

INFORMANT W. R. Brown
(Address) Senath, P.O. #1

15.

FILED 2-1-29 H. H. Benders
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 30 19 29

17. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1929, to Jan 30, 1929, that I last saw her alive on Jan 15, 1929, and that death occurred, on the date stated above, at 4 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary T. B.

23R
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

31
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) H. H. Benders M. D.

19 (Address)

*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 DATE OF BURIAL

Leola Cemetery Feb 1 1929

20. UNDERTAKER

M. Daniel Inc. Co. ADDRESS Senath, Mo.

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.

23R

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1929

