23 1929

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

85

Do not use this space.

9706

1. PLACE OF DEATH
County Buchanan
Township
City St. Joseph, (No. 515 North 5th. St. Ward)

Registration District No.
Primary Registration District No. 1001

File No.
Registered No. 416

2. FULL NAME Kate Wood Sipple,
(a) Residence. No. 515 North 5th. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF William Calib Sipple Sr.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) December 28, 1842

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	2	25	

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

9. BIRTHPLACE (CITY OR TOWN) Clay County,
(STATE OR COUNTRY) Missouri,

PARENTS
10. NAME OF FATHER Isaac Wood,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Kentucky,
12. MAIDEN NAME OF MOTHER Lucy Curd,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Virginia,

14. INFORMANT Ernest B. Sipple
(Address) St. Louis, Mo.

15. FILED MAR 29, 1929, 19 John G. [illegible] REGISTRAR

2) MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 28, 1929

17. I HEREBY CERTIFY, That I attended deceased from Mch 1, 1914, to Mch 28, 1929, that I last saw h alive on, 19, and that death occurred, on the date stated above, at 7:55 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Nephritis Chronic Interstitial
1200
(duration) 20 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Uremia
(duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. N. Albaugh, M. D.
Mch. 28 1929 (Address) St Joseph 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	DATE OF BURIAL
Mount Hora Cemetery	Mch. 29 19 29

20. UNDERTAKER	ADDRESS
Heaton-Beckett Bowman	319 S. 10 St.

by J. J. Jones Funeral Home

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.