

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

Do not use this space.

15315

**1. PLACE OF DEATH**

County Macon Registration District No. 529  
Township \_\_\_\_\_ Primary Registration District No. 4315  
City College Mound St. \_\_\_\_\_ Ward \_\_\_\_\_

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

**2. FULL NAME**

(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, DIVORCED, HUSBAND OF (OR) WIFE OF Wilbur White

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 19, 1905

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>23</u>	<u>3</u>	<u>18</u>	

**8. OCCUPATION OF DECEASED**

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

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) College Mound

10. NAME OF FATHER Chas. Gipsou

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Macon Co. Mo.

12. MAIDEN NAME OF MOTHER Mamie Baker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Macon Co. Mo.

14. INFORMANT Chas. Gipsou  
(Address) College Mound Mo.

15. FILED 4-16-1929 F. L. Strippeer, M.D.  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 7th 1929

17. I HEREBY CERTIFY, That I attended deceased from March 6, 1929 to April 7, 1929

that I last saw her alive on April 7, 1929, and that death occurred, on the date stated above, at 10:20 A. m.

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

Intestinal Flu  
11 30 (duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) 11 30 (duration) yrs. mos. 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) F. L. Strippeer, M. D.

4-16-1929 (Address) College Mound 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 College Mound Cemetery DATE OF BURIAL Apr 9, 1929

20. UNDERTAKER Albert Skinner ADDRESS Macon 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.

1886

