

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Schofield

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

Do not use this space.

1677

1. PLACE OF DEATH

County *Johnson* Registration District No. *434*
Township *Haystack* Primary Registration District No. *55-91*
City *Haystackville* (No.) St. Ward

File No.
Registered No. *5-3*
St. Ward

2. FULL NAME

(a) Residence. No. St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

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 OR (OR) WIFE OF *Joe Tipton*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Apr-16-1873*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 | 9 | 1

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)

9. BIRTHPLACE (CITY OR TOWN) *Fairfield*
(STATE OR COUNTRY) *Mo*

10. NAME OF FATHER *Wm Morton*

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

12. MAIDEN NAME OF MOTHER *Bray*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

14. INFORMANT *Joe Tipton*
(Address) *Haystackville Mo*

15. FILED *2/8 1930* REGISTRAR *A.E. Palloen*

MEDICAL CERTIFICATE OF DEATH

20

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Jan 16 1930*

17. I HEREBY CERTIFY, That I attended deceased from *Jan 10* 19*30* to *Jan 16* 19*30* that I last saw him alive on *Jan 15* 19*30*, and that death occurred, on the date stated above, at *12:00* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
108 Lobar Pneumonia
71A
1010 (duration) yrs. mos. da. *6*

CONTRIBUTORY *Pneumonia Pneumonia*
(SECONDARY) (duration) *2* yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH:

0 DID AN OPERATION PRECEDE DEATH? *No* DATE OF

WAS THERE AN AUTOPSY? *No*

WHAT TEST CONFIRMED DIAGNOSIS? *Smear*
(Signed) *L. J. Schofield*, M. D.
Jan 19, 1930 (Address) *Warrensburg, 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 *City Cem. K.N. Mo* DATE OF BURIAL *Jan-19 1930*

20. UNDERTAKER *C.L. Sauls* ADDRESS *K.N. Mo*

