MAY 23 1930

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

Do not use this space.

(B)

1. PLACE OF DEATH
County Christian — Registration District No. 185 — File No. 4387-
Township Bruner — Primary Registration District No. 6251 — Registered No.
City Bruner (No. ..... St. ..... Ward)

2. FULL NAME Francis Shipman
(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~~ Widow of High Shipman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 25 - 1872

7. AGE: Years 57 — Months 7 — Days 3 — 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) .....
(c) Name of employer

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

PARENTS
10. NAME OF FATHER: Reed
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Mrs John Teague
(Address) Bruner, Mo.

15. FILED 5-2, 1930 Mrs. L. B. Clemens
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 3rd 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1926, to Feb 3rd, 1930 that I last saw her alive on Feb 3rd, 1930, and that death occurred, on the date stated above, at 9-30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
23A
(duration) 4 yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) 31
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 2
DID AN OPERATION PRECEDE DEATH? No — DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Phy examination

(Signed) H J Wise, M. D
4/9, 1930 (Address) Sparta, 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: Sparta Cemetery — DATE OF BURIAL: 2/5th 1930

20. UNDERTAKER: Rathbun & Crabbin — ADDRESS: Sparta 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.

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