APR 30 1930

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

Do not use this space.

9856

File No.
Registered No.

1. PLACE OF DEATH
County: Platte
Township: Marshall
City: Iatan
Registration District No.: 698
Primary Registration District No.: 5-927
No. ..... St. ..... Ward)

2. FULL NAME: Wm Lipscomb

(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.

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.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Mall
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 27 1859

7. AGE: Years 75 | Months 9 | Days 4 | If LESS than 1 day, ..... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Platte Co
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Harrison Lipscomb
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Not Known
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Not Known
(STATE OR COUNTRY)

14. INFORMANT: Mrs Geo Root
(Address): Iatan Mo

15. FILED: 3/26, 1930 J H Brill
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar 26 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1930, to Mar 26, 1930, that I last saw him alive on Mar 23, 1930, and that death occurred, on the date stated above, at 4-40 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial Nephritis
131
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Dropsy
(duration) yrs. mos. 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? Usual Test
(Signed) E. B. McCown, M. D
Mar 27, 1930 (Address) Dr Kansas 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: Iatan
DATE OF BURIAL: 3-28, 1930

20. UNDERTAKER: J H Brill
ADDRESS: Weston Mo