

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

Do not use this space.

**12816**

**1. PLACE OF DEATH**

County.....**Jackson**..... Registration District No.....**399**  
Township.....**Kaw**..... Primary Registration District No.....**10**  
City.....**Kansas City**..... (No. **6019 Lea**..... St. .... Ward)

File No.....**1045**  
Registered No.....**1045**

**2. FULL NAME..... Fred W. Shipley**

(a) Residence. No.....**6019 Lea**..... 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**

<b>3. SEX</b> <b>Male</b>	<b>4. COLOR OR RACE</b> <b>White</b>	<b>5. SINGLE, MARRIED, WIDOWED OR DIVORCED</b> (write the word) <b>Married</b>
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**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**  
**Mrs. Lora C. Shipley**

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** **June 10, 1889.**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<b>40</b>		<b>10</b>	<b>11</b>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **Railway Exp. Agency**  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)..... Webb City, Missouri**  
(STATE OR COUNTRY)

**10. NAME OF FATHER..... William M. Shipley**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... Tenn.**  
(STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER..... Mahala Todd**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... Tenn.**  
(STATE OR COUNTRY)

**14. INFORMANT..... F. C. Shipley**  
(Address) **6019 Lea**

**15. FILED..... 4/21 19 30 M. M. Crowe**  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** **April 21st 1930**

**17. I HEREBY CERTIFY** That I attended deceased from **Deputy Coroner**, 19....., to....., 19....., that I last saw him..... alive on....., 19....., and that death occurred, on the date stated above, at..... **3:30** p. m.

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

**Pneumonia Tuberculosis**

**CONTRIBUTORY (SECONDARY)**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

**0** DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY? **Yes**

WHAT TEST CONFIRMED DIAGNOSIS? **Wetley's Infection**

(Signed) **Stanley M. Hall**, M. D.

**4/21**, 19 **30** (Address) **Deputy Coroner**

\*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** **Mt. Washington** **DATE OF BURIAL** **April 23 19 30**

**20. UNDERTAKER** **R. V. Lindsey & Sons, Inc.** **CITY** **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.

96

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WHILE LIVING; WITH CHANGING INK—THIS IS A PERMANENT RECORD

