

MAY 27 1930

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

Do not use this space.

13478

1. PLACE OF DEATH

County Madaway  
Township Hopkins  
City Hopkins (No. ....)

Registration District No. 624  
Primary Registration District No. 4375

File No. ....  
Registered No. 8  
St. .... Ward)

2. FULL NAME

Edna Kathryn Laipple

(a) Residence. No. Union in Parkville, Mo. School in Parkville, Mo. Ward. Not listed  
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 21 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) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 9 - 1909

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
21 2 22

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

9. BIRTHPLACE (CITY OR TOWN) Hopkins  
(STATE OR COUNTRY) mo

10. NAME OF FATHER Paul Laipple

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Festonia  
(STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Mary Weston

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Laclair  
(STATE OR COUNTRY) Iowa

14. INFORMANT Amy Laipple  
(Address) Hopkins mo.

15. FILED 4/2 30 O. J. G. G. G. REGISTRAR  
May 8 - 30 C. J. G. G. G. REC.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 1 1930  
17. I HEREBY CERTIFY, That I attended deceased from 3/29 1930, to 4/1 1930  
that I last saw him alive on 4/1/30, 1930, and that death occurred, on the date stated above, at 2:40 A. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Encephalitis

W. B. G. G. G.  
18. WHERE WAS DISEASE CONTRACTED (duration) .... yrs. .... mos. 4 ds.  
CONTRIBUTORY German measles  
(SECONDARY) (duration) .... yrs. .... mos. 7 ds.

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19. PLACE OF BURIAL, CREMATION, OR REMOVAL Hopkins - Hopkins mo. DATE OF BURIAL April 3 1930  
20. UNDERTAKER O. J. G. G. G. ADDRESS Buffalo Iowa

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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.

