

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

Do not use this space

Dr. Freeman
15879

JUN 25 1930

1. PLACE OF DEATH

County Greene

Registration District No. 318

File No. 15879

Township Springfield, Mo.

Primary Registration District No. 200

Registered No. 404

City Springfield, Mo.

St. St. Louis

St. St. Louis

Ward

2. FULL NAME

(a) Residence. No. Rt. 10

St. St. Louis

Ward.

(If nonresident give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

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

Isabella Shipley

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Aug. 18 1846

7. AGE

YEARS 83

MONTHS 9

DAYS 27

If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

York Pa.

10. NAME OF FATHER

Levy Shipley

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

No data

12. MAIDEN NAME OF MOTHER

Isabelle McQuay

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

No data

14.

INFORMANT

(Address)

J. H. McQuay
Springfield, Mo.

15.

FILED

May 30 1930

Jos. Sharp

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

May 27 1930

17.

HEREBY CERTIFY, That I attended deceased from 5/27, 1930, to 5/27, 1930 that I last saw him alive on 5/26, 1930, and that death occurred, on the date stated above, at 9:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senility
927
162

(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

Chronic Valvular Heart Lesion
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Chemical

(Signed) P. T. Freeman M. D.

928.30 (Address) Springfield 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

DATE OF BURIAL

Hazelwood

May 31
May 27 1930

20. UNDERTAKER

ADDRESS

Alma Lafayette
Funeral Home

Springfield
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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