JUN 26 1930

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

Do not use this space.

16633

1. PLACE OF DEATH

County: Lewis — Registration District No. 479

Township: LaBelle — Primary Registration District No. 4288

City: LaBelle (No. ..... St. ..... Ward)

File No. .....

Registered No. .....

3
3

2. FULL NAME: Cynthia L. Lipps

(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): Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 27-1845

7. AGE: Years 84 | Months 7 | Days 26 | 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): Housekeeping
(c) Name of employer

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

PARENTS

10. NAME OF FATHER: Harry Sisman

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

12. MAIDEN NAME OF MOTHER: Louisa Bates

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Old Virginia

14. INFORMANT: Harry M. Lipps
(Address): LaBelle Mo

15. FILED 5/28, 1930 J. L. Brown, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 23 1930

17. I HEREBY CERTIFY, That I attended deceased from June 10 1928, to May 23 1930, that I last saw h. alive on May 23, 1930, and that death occurred, on the date stated above, at 10.45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis
936
(duration) 2 yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at place of death

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) N. W. McKim, M. D
, 19 (Address) LaBelle 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: LaBelle Cemetery — DATE OF BURIAL: 5/25 1930

20. UNDERTAKER: James T Cordie — ADDRESS: LaBelle 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.