

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

Do not use this space.

19614

1. PLACE OF DEATH Jackson Registration District No. 399
 County Kan Township Kan Primary Registration District No. 1002
 City Kansas City, Mo (No. 7292 Grand Ave) St. Ward

2. FULL NAME Frederick M. Shipp
 (a) Residence. No. 7292 Grand Ave St. 8 Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. moa. ds.

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 Katherine E. Shipp

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 12 - 1855
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 11 10

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

9. BIRTHPLACE (CITY OR TOWN) Hillsboro
 (STATE OR COUNTRY) Ohio

10. NAME OF FATHER James A. Shipp
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tenn
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Sophia Schurigg
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
 (STATE OR COUNTRY)

14. INFORMANT Mrs Katherine Shipp
 (Address) 7292 Grand Ave

15. FILED 6/23, 1930 M. M. Corvay REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 22 1930

17. I HEREBY CERTIFY, That I attended deceased on June 20, 1930, 1930, to 1930, and that I last saw him live on June 20, 1930, at 3:00 p.m. death occurred, on the date stated above, at 3:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Myocardial Infarction
(Total Stenosis)
(General Myocarditis)
 (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) None
 (duration) 0 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED POA
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS
6/23, 1930 (Signed) E. P. Horation M. D.
 (Address) 311 Ogyle

*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 Forest Hill Cemetery DATE OF BURIAL June 24 1930

20. UNDERTAKER John W. Wagner ADDRESS 1409 Grand Ave

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.

311 Argyle St

W. 7828

1755