

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

Do not use this space.

23392

JUL 23 1930

1. PLACE OF DEATH

County Lafayette
Township Freedom
City Freedom (No.)

Registration District No. 460457
Primary Registration District No. 5621

File No.
Registered No. 58
St. Ward

2. FULL NAME Charles Shipley

(a) Residence. No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed (write the word)

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-7-1930 19

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

I HEREBY CERTIFY, That I attended deceased from 4-8-1930, 19... to 7-7-1930, 19... that I last saw him alive on 6-23-1930, 19... and that death occurred, on the date stated above, at 9 p.m. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 28th 1847

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS 82 11 10 IF LESS than 1 day, hrs. or min.

Apoplexy 1 month duration associated with arteriosclerosis and myocarditis of long standing.

8. OCCUPATION OF DECEASED

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

(duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Quincy, Ill
(STATE OR COUNTRY)

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

10. NAME OF FATHER John Shipley

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

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

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

12. MAIDEN NAME OF MOTHER Unknown

WHAT TEST CONFIRMED DIAGNOSIS? Physical Findings

(Signed) H. K. Hoppert, M. D.

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

July 8, 1930 (Address) Higginsville, 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.

14. INFORMANT E. D. Shipley
(Address) Higginsville, Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Oak Grove DATE OF BURIAL 7/9/30 19

15. FILED 7-9-30 Jessie P. Ste... REGISTRAR

20. UNDERTAKER Arthur H. Haggard ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Lafayette Registration District No. 457 File No. _____
 Township Freedom Primary Registration District No. 5621B Registered No. 1173
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Charles Shipley
 (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. da. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Wid

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 28-1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 11 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
 (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) Quincy Mo

10. NAME OF FATHER John Shipley

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Ed Shipley
 (Address) Higginsville, Mo

15. FILED Aug 2 1930 Berdinand Shyman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 7 1930

17. I HEREBY CERTIFY That I attended deceased from 4-8-1930 to 7-7-1930 that I last saw him alive on 6-23-30 and that death occurred, on the date stated above, at 9 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Apoplexy 1 month duration associated with Arterio sclerosis and Hypertension (duration) 7 yrs. mos. da.

CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Findings

(Signed) W.C. Kopperbrot, M.D.

7/8 1930 (Address) Higginsville 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

Oak Grove 7/9 1930

20. UNDERTAKER ADDRESS A.H. Hodder Higginsville 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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

DUPLICATE

S. 23342