

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

Do not use this space.

25835

OCT 28 1930

1. PLACE OF DEATH

County Barton
Township City
City Lamar Mo (No. _____)

Registration District No. 48
Primary Registration District No. 4024

File No. _____
Registered No. 44
St. _____ Ward _____

2. FULL NAME

Judge Mae Phipps
(a) Residence No. Sheldon, Mo RR 2 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 <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>single</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>1907-7-27</u> | | |
| 7. AGE | YEARS <u>23</u> | MONTHS <u>18</u> |
| | DAYS <u>18</u> | IF LESS than 1 day, _____ hrs. or _____ min. |
| 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>School Teacher</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer | | |
| 9. BIRTHPLACE (CITY OR TOWN) <u>Sheldon, Missouri</u> (STATE OR COUNTRY) | | |
| PARENTS | 10. NAME OF FATHER <u>Benjamin B. Phipps</u> | |
| | 11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Sheldon Missouri</u> (STATE OR COUNTRY) | |
| | 12. MAIDEN NAME OF MOTHER <u>Margaret J. Baldrige</u> | |
| | 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>West Plains Missouri</u> (STATE OR COUNTRY) | |

14. INFORMANT A. E. Baldrige
(Address) RR No 3 East of Danco

15. FILED Oct 4, 1930 A. J. Mynatt
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 15 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 10th, 1930, to Aug 15th, 1930 that I last saw her alive on Aug 15th, 1930, and that death occurred, on the date stated above, at 1-15 PM, m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Appendicitis
12 1/2
12 1/2 (duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) Peritonitis (acute)
(duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF BIRTH

DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Sam R. Howard, M. D.
, 19 (Address) Lamar 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 G B Beatty sons DATE OF BURIAL aug 17 1930

20. UNDERTAKER G B Beatty sons ADDRESS Sheldon

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.

