

NOV 26 1930

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

Do not use this space.

36981

File No.
Registered No.
St. Ward

1. PLACE OF DEATH
County Pettis Registration District No. 112
Township Blair Primary Registration District No. 3886
City (No.)

2. FULL NAME Thomas F. Pippin
(a) Residence No. S. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 22 1885
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
45 11 28

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) Gene
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Thomas Pippin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Gene
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Leah Kiser
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Gene
(STATE OR COUNTRY)

14. INFORMANT Edna Pippin
(Address) La Mont Mo

15. FILED 11/10 30 B. F. Parker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 4 1930
17. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1930, to Nov 4, 1930 that I last saw him alive on Nov 4, 1930 and that death occurred, on the date stated above, at 2:45 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage
97 - A
82 - A
(duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) W. H. ... M. D.
. 19 (Address) Gene

*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 La Mont Mo DATE OF BURIAL Nov 6 1930

20. UNDERTAKER B. F. Parker ADDRESS La Mont Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1

2

3

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Pettis Registration District No. 112 File No. _____
 Township Blackwater Primary Registration District No. 3-886 Registered No. 6
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Thomas F. Rippen

(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. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 4 1930

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

17. I HEREBY CERTIFY, That I attended deceased from Nov 3 1930 to Nov 4 1930, and that I last saw him alive on Nov 4 1930, and that death occurred, on the date stated above, at 2 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 22 - 1859

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 78 - 19

Cerebral Hemorrhage

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Farmer (duration) yrs. mos. da. (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____

CONTRIBUTORY (SECONDARY) Chronic Arterial disease (duration) yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry

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

10. NAME OF FATHER Thomas Rippen

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

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

19. WAS THERE AN AUTOPSY? No

12. MAIDEN NAME OF MOTHER Don't know

WHAT TEST CONFIRMED DIAGNOSIS? Clinical (Signed) J.W. Grove, M.D. , 19 (Address) 606 Foster

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

*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 Edna Rippen (Address) La Monte Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL La Monte Mo DATE OF BURIAL Nov 6 1930

15. FILED Nov 15 1930 Lorena S. Taylor REGISTRAR

20. UNDERTAKER B. F. Parker ADDRESS La Monte Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW. U.S. DEATH IN plain terms, so that it may be early classified. Exact statement of OCCUPATION is very important. PHYSICIANS SHOULD state

SUPPLEMENTARY

S-36981