

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

Do not use this space.

39412

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Flaw Primary Registration District No. 1052
 City Kansas City (No. 4309) Ball Registered No. 1000
 St. 1000 Ward)

2. FULL NAME Mrs. Calvia Sipe
 (a) Residence. No. 4309 Ball St. 16 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>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>C. C. Sipe</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct. 17 - 1855</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>75</u>	<u>1</u>	<u>23</u>		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>At home</u> (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) <u>Indiana</u>				
PARENTS	10. NAME OF FATHER <u>George I. Meranda</u>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>			
	12. MAIDEN NAME OF MOTHER <u>Eliza M. Clarke</u>			
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>			
14. INFORMANT <u>Mrs. M. Proffitt</u> (Address) <u>Levington Mo</u>				
15. FILED <u>17/11 1930</u> <u>M. M. Crowe</u> REGISTRAR <u>Arson</u>				

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 10 1930

17. I HEREBY CERTIFY, That I attended deceased from 1.20, 1924, to 12.10, 1930. that I last saw her alive on 12.10, 1930, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic heart disease
958
99 (duration) yrs. mos. ds.

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

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

9. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) J. R. Hall M. D.
7/11 1930 (Address) 626 S. Ash

*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 <u>Levington Mo</u>	DATE OF BURIAL <u>Dec 17 1930</u>
20. UNDERTAKER <u>R. V. Ludwig & Sons</u>	ADDRESS <u>City</u>

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.

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