

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

Do not use this space.
1096-~~11~~ 2
16

1. PLACE OF DEATH
4! County Howell Registration District No. 3821
Township 11 11 Primary Registration District No. 2735-
City Central, Mo. (No.) St. Ward

2. FULL NAME Nettie Tipton
(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

3. SEX Female
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 Geo Tipton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 2. 1870

7. AGE 81 YEARS MONTHS 22 DAYS IF LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) Burnsville
(STATE OR COUNTRY) North Carolina

PARENTS

10. NAME OF FATHER Charles Ralston
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Burnsville
(STATE OR COUNTRY) North Carolina
12. MAIDEN NAME OF MOTHER Elizabeth Proffitt
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Burnsville
(STATE OR COUNTRY) North Carolina

14. INFORMANT Gene Robinson
(Address)

15. FILED 1-24-31 O. P. A. Weisnich
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 24 1931
17. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1931, to Jan 24, 1931, that I last saw her alive on Jan 22, 1931, and that death occurred, on the date stated above, at a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial Pneumonia
1079 1077
(duration) yrs. 12 mos. ds.
CONTRIBUTORY (SECONDARY)
(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?
WHAT TEST CONFIRMED DIAGNOSIS
(Signed) C. A. Beach M. D.
1-24, 1931 (Address) Elijah, 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 Crevel Springs Cem. DATE OF BURIAL 1-25-1931
20. UNDERTAKER Mrs. Susie Ahlhart ADDRESS Arditte, 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.
APR 23 1931

