

K. 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.

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

Do not use this space.

2383

PLACE OF DEATH

County Pettis
Township
City Ledalia (No.)

Registration District No. 668
Primary Registration District No. 3032

File No.
Registered No. 221
St. Ward

2. FULL NAME Frank Kipping
(a) Residence No. 314 West 16 St. Ward
(Usual place of abode) (If nonresident give town and State)
Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U.S., if of foreign birth? 62 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | **4. COLOR OR RACE** white | **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** widow
(write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha Kipping
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar-28-1849
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 9 20

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) Retired
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brachtach, Germany

PARENTS

10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Don't know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT Per J. Kipping
(Address) Springfield Ill.

15. FILED 1-20-21 1921
J. E. Love
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 18 1931
17. I HEREBY CERTIFY That I attended deceased from March 1930 to Jan 15 1931
that I last saw h. alive on Jan 17 1931, and that death occurred, on the date stated above, at 12:30 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Pernicious Anemia
72h
71A (duration) 4 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Mitral Insufficiency
several (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
19. DID AN OPERATION PRECEDE DEATH DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? Exam. of Blood & Wood
(Signed) W. B. Steinhilber, M. D.
, 19 (Address) Ledalia 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 Ledalia Mo DATE OF BURIAL 1/21 1931
20. UNDERTAKER McLaughlin Bros ADDRESS Ledalia

