

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

Do not use this space.

15193

1. PLACE OF DEATH

County Pettis Registration District No. 66F
 Township Sedalia Primary Registration District No. 3032
 City Sedalia (No. new, Hosp. Hosp.) St. _____ Ward _____

File No. _____
 Registered No. 120

2. FULL NAME

(a) Residence, No. _____ St. _____ Wash. _____
 (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2-1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min. 3.0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sedalia, Mo.

13. NAME Lee Flippin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton Co. Mo.

15. MAIDEN NAME Cecil Waisner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton Co. Mo.

17. INFORMANT (ADDRESS) Lee Flippin
Benton Co. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Edwards, Mo. DATE April 3, 1931

19. UNDERTAKER (ADDRESS) Father (Lee Flippin)
Edwards, Mo.

20. FILED 4-2 1931 J. J. Love
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2, 1931

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1931, to April 2, 1931

I last saw h. u. alive on April 2, 1931 Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

Premature birth
about 5 1/2 months
cause of prematurity. Open
in mother for appendicitis
15 1/2

Other contributory causes of importance _____

Name of operation none Date of _____

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence, fill in also the following:

Accident, suicide, or homicide? no Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Chas. H. Love, M. D.

(Address) Sedalia, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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 27 1931

