

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

Do not use this space.

25820

**1. PLACE OF DEATH**

County Perry Registration District No. 657  
Township Little Prairie Primary Registration District No. 5-562  
City (No) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. ~~70~~ 70

**2. FULL NAME**

Billie Frank Pipkin  
(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Zana Pipkin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>		
7. AGE <u>about 48</u>	YEARS <u>48</u>	MONTHS _____
	DAYS _____	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Marchant</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>_____</u>	
	10. Date deceased last worked at this occupation (month and year) <u>July 3, 1931</u>	
11. Total time (years) spent in this occupation <u>unknown</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>_____</u>		
FATHER	13. NAME <u>W M Pipkin</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
	15. MAIDEN NAME <u>Eliza Wierbanks</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>_____</u>	
	17. INFORMANT (ADDRESS) <u>W M Pipkin</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Yorkburg, Mo.</u> DATE <u>7-5-31</u>		
19. UNDERTAKER (ADDRESS) <u>W B Sprenth</u>		
20. FILED <u>July 4, 1931</u> <u>Ada Martin</u> Registrar.		

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3, 1931

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h\_\_\_\_\_ alive on \_\_\_\_\_ Death is said to have occurred on the date stated above, at 10:00 AM m.

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

"Apoplexy"  
(Recurrent)  
82A 92W  
97 92W  
arteriosclerosis

Date of onset \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? clinical Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1931.  
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) James P. Vickrey M. D.  
(Address) Bragg, 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.



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