

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township Primary Registration District No. 1001
City St Joseph (No. St Joseph Hospital)

File No. 30576
Registered No. 939
St. Ward

2. FULL NAME

Daniel Gerald Sipes
(a) Residence, No. St. Ward. Savannah Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 10, 1921

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 22 1897

I last saw h..... alive on, 19..... Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
33 8 22 18

to have occurred on the date stated above, at 7:40 p.m.
The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labour Farm
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 2108
10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation unknown

Date of onset

Sept 7th 1921
Struck by an auto
2 mi. from the
effects of which
the direct fracture of skull
Other contributory causes of importance: Dr. Brown
was drunk
blinded by lights

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holt County mo

NO
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

FATHER 13. NAME Solomon Sipes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Sept 7 1921

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DeKalb Co mo

Where did injury occur? Savannah Ga on
high way 71 (Specify city or town, county, and State)

MOTHER 15. MAIDEN NAME Francis Cook

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

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DeKalb Co mo

Manner of injury Struck by bus coming
Nature of injury fracture of skull, confusion of
of brain

17. INFORMANT (ADDRESS) Solomon Sipes
Savannah mo

24. Was disease or injury any way related to occupation of deceased?
If so, specify

18. BURIAL, CREMATION, OR REMOVAL PLACE Savannah DATE 9-12 1921

(Signed) Corons S. S. Power, M. D.
(Address) Amesville Mo

19. UNDERTAKER (ADDRESS) W. C. Schufeldt
1802 1/2 main street

20. FILED 9-11 31 John H. Bender
Registrar

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.

Oct 22 1921

