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.

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

Do not use this space.

34479

1. PLACE OF DEATH
County Jackson
Township Kaw
City K. C. Mo
Registration District No. 3 8 3
Primary Registration District No. 4 8 3
(No. 1213 Bales Ave St. Ward)
File No.
Registered No. 4198

2. FULL NAME James D Tippin
(a) Residence. No. 1213 Bales 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: Male
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: Rose B. Tippin

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr. 29-1867

7. AGE: Years 64 Months 5 Days 15 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Ran Punch
(b) General nature of industry, business, or establishment in which employed (or employer): Kansas City
(c) Name of employer: Structural Steel Plant

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Terre Haute Indiana

PARENTS
10. NAME OF FATHER: Geo. Tippin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Martha Harbins
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Mrs Rose Tippin
(Address) 1213 Bales K.C. Mo

15. FILED 10/15, 1931 M. M. Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 14 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1931, to Oct 14, 1931 that I last saw him alive on Oct. 14, 1931, and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage
82 A
97
~~Arthroma of Artery~~ (duration) ..... yrs. ..... mos. 1 ds.
CONTRIBUTORY (SECONDARY) Artheroma of Arteries About (duration) 3 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Symptoms
(Signed) Charles W. Wagner, M. D.
10/15, 1931 (Address) 220 West 12th St

*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: Greeley Kansas
DATE OF BURIAL: Oct 17 1931

20. UNDERTAKER: Simmons & Son
ADDRESS: 2113 Silver K.C. Kans

Ch. W. Wyman
220 West 12