

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.

MAR. 2 1932

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

Do not use this space.

4322

File No. _____
Registered No. 97 _____
St. _____ Ward _____

1. PLACE OF DEATH

County Green Registration District No. 318
Township _____ Primary Registration District No. 20017
City Springfield (No. 920 G. High St.) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 920 G. High St., _____ Ward _____
(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 Male 4. COLOR OR RACE White 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) Dec 20 - 1910

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	21	1	15	

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer 237
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) Mo. 1

FATHER 13. NAME Harrison Pipes

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

MOTHER 15. MAIDEN NAME Mary Smith

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

17. INFORMANT (ADDRESS) Mrs. Mary Pipes, Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL (PLACE) DeWitt Cemetery DATE Feb 7 1932

19. UNDERTAKER (ADDRESS) Worthenberry & Co, Springfield, Mo.

20. FILED 2-15-32 G. H. Sharp Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 20th 1931, to February 5th 1932

I last saw him alive on February 4th 1932. Death is said to have occurred on the date stated above, at 11:20 a.m.

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

Pulmonary Tuberculosis Date of onset 1930
23A
25
31

Other contributory causes of importance: Gastro-Intestinal Tuberculosis

Name of operation None Date of _____
What test confirmed diagnosis? X-ray Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ 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) Ed. Max Fitch, M. D.
(Address) 540 1/2 C. Commercial Springfield Mo.

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