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

Do not use this space.

5644 B

JAN 9 1933

1. PLACE OF DEATH
78 County Pemiscot
7 Township
2 City Steele (No. ..... St. ..... Ward)

Registration District No. 655
Primary Registration District No. 4392

File No. .....
Registered No. .....

2. FULL NAME Henry mac Lipscomb

(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 m
4. COLOR OR RACE nw
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-23-1932

7. AGE YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or 30 min.

OCCUPATION
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) Steele Mo

FATHER
13. NAME Thomas B. Lipscomb
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington Tenn

MOTHER
15. MAIDEN NAME Kim Grindstaff
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saltilo Tenn

17. INFORMANT (ADDRESS) Thomas B. Lipscomb Steele Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Leon DATE 2-23 1932

19. UNDERTAKER (ADDRESS) Gunn Mt Co Steele Mo

20. FILED 3/1 1932 Max P. Kelley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-23, 1932

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

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1400 a m.

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

Still born
early lived 30 or 40 minutes perfect
1570

Date of onset

Other contributory causes of importance:

1570 (1)

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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 ....., 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? .....
If so, specify .....

(Signed) J. R. McDaniel, M. D.
(Address) Steele Mo