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.

MAY 28 1932

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

Do not use this space.

12023

File No. 102

Registered No.

1. PLACE OF DEATH Cole

26 County Mo. State Prison — Registration District No. 213

3 Township Hospital — Primary Registration District No. 3014

8 City Jefferson City, (No. ..... St. ..... Ward)

2. FULL NAME Russell Sipes

(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: 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: Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 11, 1888

7. AGE: YEARS 43 — MONTHS 7 — DAYS 19 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 237

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Atchison Co. Mo

PARENTS

10. NAME OF FATHER: Michael Sipes

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo

12. MAIDEN NAME OF MOTHER: Lillie Barrett

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo

14. INFORMANT: Noah Sipes (Address) Westboro Mo

15. FILED 5/2/1932 — S. N. Bedford, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-30-1932 19

17. I HEREBY CERTIFY, That I attended deceased from Mar 18, 1932, 19..., to Apr. 30, 1932 that I last saw him alive on Apr. 30, 1932, and that death occurred, on the date stated above, at 4:46 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes Mellitus

59 (duration) yrs. 1 mos. 12 ds.

CONTRIBUTORY (SECONDARY) 89 (duration) 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?

(Signed) W. W. Rambo, M. D.

4-30-32 (Address) Mo. State Prison Hosp.

*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: Westboro Mo — DATE OF BURIAL: May 3 1932

20. UNDERTAKER: Dawson & Tanner — ADDRESS: Jeff. City