

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

Do not use this space.

13438

File No. _____
Registered No. 58
St. _____ Ward _____

1. PLACE OF DEATH
98 County Pemiscot Registration District No. 651
2 Township Cynthiana, Mo. Primary Registration District No. 4358
4 FULL NAME Susie Tipler
(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 Female 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eugene Tipler
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22, 1894
7. AGE YEARS 38 MONTHS 0 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General House
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. work 235
10. Date deceased last worked at this occupation (month and year) April 1932 11. Total time (years) spent in this occupation 4 1/2
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama
13. NAME George Mitchell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know
15. MAIDEN NAME Dont know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know
17. INFORMANT Eugene Tipler
(ADDRESS) Dorena, Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Cynthiana, Mo DATE Apr. 28, 1932
19. UNDERTAKER Friends
(ADDRESS) Cynthiana, Mo.
20. FILED 4/28 1932 Ada Martin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27, 1932
22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1932 to April 27, 1932
I last saw her alive on Jan. 15, 1932. Death is said to have occurred on the date stated above, at 1:30 P.M.
The principal cause of death and related causes of importance were as follows:
Pericarditis, chronic Date of onset Jan. 1930
56 E 90 B 90
Other contributory causes of importance:
Rheumatism 1929
Name of operation none Date of _____
What test confirmed diagnosis? Clinical 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) G. W. Phillips, M. D.
(Address) Cynthiana, Mo.

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 26 1932

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD



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