

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.

SEP 21 1932

Inter

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

Do not use this space.
25353
~~25553~~

1. PLACE OF DEATH

County Bates
Township Pleasant Gap
City (No.) (No.) (No.)

Registration District No. 58
Primary Registration District No. 3092

File No.
Registered No. 3 St. Ward)

2. FULL NAME

Mrs. Bertha Louise Kipf

(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 <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>A. H. Kipf</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 27-1853</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>9</u>
	DAYS <u>2</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housewife</u>	
	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)
Germany 10

MOTHER FATHER 13. NAME Peter Monkowski

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

MOTHER 15. MAIDEN NAME Went Knud

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

17. INFORMANT (ADDRESS)
A. H. Kipf Butler mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Walc Hill DATE Aug 31 1932

19. UNDERTAKER (ADDRESS)
Butler mo

20. FILED 9/10/32 1932 J. Compton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 29 1932

22. I HEREBY CERTIFY, That I attended deceased from July 10 1932 to Aug 29 1932
I last saw her alive on Aug 27 1932 Death is said to have occurred on the date stated above, at 8 P. m.

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

chr. myocarditis 93
General Senility 168
Other contributory causes of importance:
Senility 93 168

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 Cancer of Lungs, M. D.
(Signed) Butler, mo. (Address)

