

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

Do not use this space.

38453

1. PLACE OF DEATH

County Buchanan

Registration District No.

85

Township

Primary Registration District No.

1001

City St. Joseph, (No. Missouri Methodist Hospital

File No.

Registered No.

1166

Ward

2. FULL NAME David Piper,

(a) Residence, No.

St.

Ward.

Blair, Kansas.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. 3

mos.

da.

How long in U. S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Parmelia Piper,		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan'y 15th. 1851		
7. AGE YEARS 81	MONTHS 10	DAYS 17
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm		
10. Date deceased last worked at this occupation (month and year) Jan'y. 1932		11. Total time (years) spent in this occupation 50
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Janesville, Wisconsin 2		
13. NAME John Piper,		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Ireland, 15		
15. MAIDEN NAME Unknown		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown, 31		
17. INFORMANT (ADDRESS) Luella Terrett Kansas City, Mo.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Blair, Kansas DATE Dec. 4th. 1932		
19. UNDERTAKER (ADDRESS) E. F. Karr Troy, Kansas		
20. FILED DEC 3 1932 John N. Bond Registrar		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1932, to Dec 2, 1932. I last saw him alive on Dec 2, 1932. Death is said to have occurred on the date stated above, at 3:00 p.m. The principal cause of death and related causes of importance were as follows:
Myocarditis chr.
Broncho
Hypostatic Pneumonia Dec 1, 1932
930
187A 930
Other contributory causes of importance:
None

Name of operation none Date of

What test confirmed diagnosis? Ex. Y. Tab. 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) E. M. Stares M. D.
(Address) 317 Kirkpatrick Bldg
St. Joseph Mo.

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.

JAN 21 1933

