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 23 1933

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

Do not use this space.

39258

1. PLACE OF DEATH

39 County Greene — Registration District No. 318 — File No.

3 Township Campbell — Primary Registration District No. 2001 — Registered No. 877

5 Springfield Mo (No. 603 W Pine St. Ward)

2. FULL NAME Charles E Shipley

(a) Residence, No. 603 W Pine St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 50 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: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lara Rice Shipley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 1 - 1865

7. AGE: YEARS 67 — MONTHS 1 — DAYS 13 — If LESS than 1 day, ... hrs. or ..... 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. Labor 237
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): Mo 1

FATHER
13. NAME: J F Shipley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo 9

MOTHER
15. MAIDEN NAME: Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " 31

17. INFORMANT (ADDRESS): Homer Shipley 603 W Pine

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Greene Lawn DATE: Dec 16, 1932

19. UNDERTAKER (ADDRESS): Lloyd W. Fox 629 W Walnut

20. FILED 12-16, 1932 Ralph W Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1932, to Dec. 14, 1932

I last saw him alive on Dec. 13, 1932. Death is said to have occurred on the date stated above, at 1 P m.

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

Cardio-renal Disease — Date of onset: Oct. 1931
General Oedema
950

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Clinical findings — 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? NO
If so, specify.
(Signed) Ronald F. Elkins, M. D.
(Address) Med. Arts Bldg.