

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

Do not use this space.

1. PLACE OF DEATH

County Stoddard
Township Richland
City Richland

Registration District No. 839
Primary Registration District No. 6101

File No. 4380
Registered No. 51
St. _____ Ward _____

2. FULL NAME

(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 OF RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 2 - 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
3 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Berrie, Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Willis Tippen

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

12. MAIDEN NAME OF MOTHER Mrs. Foster

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

14. INFORMANT Abner Tippen
(Address) Defton, Mo. 61

15. FILED 1-7-33 19 33 Dr. J. P. Brandon
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 6 1933

17. I HEREBY CERTIFY, That I attended deceased from Dec 27 - 1933 to Jan 6 - 1933 that I last saw her alive on Jan 6, 1933 and that death occurred, on the date stated above, at 9:00 p.m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho Pneumonia
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) Influenza
(duration) _____ yrs. _____ mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED Home
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

19. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) J. P. Brandon, M. D.
19 Essu (Address)

*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 Taylor Cem. DATE OF BURIAL Jan 7 - 1933

20. UNDERTAKER H. E. Davidson - Essu
ADDRESS

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.

RECORDS SECTION - MISSOURI STATE BOARD OF HEALTH - ST. LOUIS, MO.

