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.

28 1933

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

Do not use this space.

5558

1. PLACE OF DEATH

County Howell, Registration District No. 388 File No.

Township Sesson Primary Registration District No. 5542 Registered No. 2

City (No. , St. Ward)

2. FULL NAME Bobbie Allen Shipman

(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 OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 26, 1933

7. AGE YEARS MONTHS DAYS 16 If LESS than 1 day, hrs. or XXX min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. XXXX

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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) Peace Valley Mo.

FATHER

13. NAME Omas Shipman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) arkansas Ark.

MOTHER

15. MAIDEN NAME Ruby Mc Farland

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) missouri Mo.

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE New Hope, DATE 2, 12, '33

19. UNDERTAKER (ADDRESS)

20. FILED 2 — 12 1933 None H R Lynch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1933 to Feb 6, 1933

I last saw him alive on Never, 19 Death is said to have occurred on the date stated above, at 12.30 p.m.

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

Born Anemic & unable to take nutrition

Date of onset

Other contributory causes of importance:

15 [illegible]

Name of operation Date of

What test confirmed diagnosis? 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?

If so, specify

(Signed) E. R. Keen, M. D.

(Address) West Plains Mo