

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

Do not use this space.

6412

**1. PLACE OF DEATH**

County Livingston  
Township Whiting  
City Frankie Mae Blue (No. \_\_\_\_\_)

Registration District No. 516  
Primary Registration District No. 5680

File No. \_\_\_\_\_  
Registered No. 2 (In \_\_\_\_\_ Ward)

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 29 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 6 - 1903

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
29 6 11

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

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) Whiting, Mo

13. NAME Frank Phipps

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam Co. Missouri

15. MAIDEN NAME Johanna Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Whiting, Mo

17. INFORMANT (ADDRESS) Mrs Frank Phipps Whiting, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Whiting, Mo DATE Feb 9 1933

19. UNDERTAKER (ADDRESS) Frank L. Spurling Whiting, Mo

20. FILED 2/8 1933 W. A. Shope Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 25 1933, to Feb 6 1933.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 5:15 a.m.

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

Pneumonia Cellulitis of right side of throat due to Streptococcus infection of throat Date of onset Jan 30

Other contributory causes of importance: Influenza

Name of operation no Date no  
What test confirmed diagnosis? Red Stain Operation Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no, 19\_\_\_\_

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no  
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_ (Signed) W. A. Shope, M. D.

(Address) Whiting, Mo

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully studied. 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.

1933

