

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.

APR 24 1938

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

Do not use this space.

88702

1. PLACE OF DEATH

75 County Oregon Registration District No. 1143
Township Black Pond Primary Registration District No. 5846
City _____ (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

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.

Hazel Lee Clipper

PERSONAL AND STATISTICAL PARTICULARS

| | | | | |
|--|--|--|---|--|
| 3. SEX <u>F</u> | 4. COLOR OR RACE <u>W</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u> | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 1 1933</u> | | | | |
| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, _____ hrs. or _____ min. | |
| | | <u>12</u> | | |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u> | | | |
| | 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) <u>mo</u> | | | | |
| FATHER | 13. NAME <u>George Clipper</u> | | | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Oregon co, mo</u> | | | |
| MOTHER | 15. MAIDEN NAME <u>Bertha Mitchell</u> | | | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Peace Valley mo</u> | | | |
| 17. INFORMANT (ADDRESS) <u>Bertha Clipper Thomasville mo</u> | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wethlehem</u> DATE <u>Feb 14 1933</u> | | | | |
| 19. UNDERTAKER (ADDRESS) <u>Neighbors</u> | | | | |
| 20. FILED <u>Apr 8 1938</u> <u>Mrs A. O. Roberts</u> Registrar. | | | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 12 P. m.

The principal cause of death and related causes of importance were as follows:
no medical aid

Date of onset _____

Other contributory causes of importance:
no medical aid

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? _____
If so, specify _____

(Signed) _____, M. D.
(Address) _____

