

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

Do not use this space.

St. James
19466
File No. _____
Registered No. *485* _____
St. _____ Ward)

1. PLACE OF DEATH
39 County *Green* Registration District No. *318*
Township _____ Primary Registration District No. *2001*
City *Springfield Baptist Hospital*
2. FULL NAME *Edward L. Lippert*
(a) Residence, No. *1355 8 National* Ward. _____
(Usual place of abode)
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 *F* 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 _____
6. DATE OF BIRTH (MONTH, DAY AND YEAR) *July 9, 1856*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
76 11 12
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.
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) *Greenburg Mo.*
13. NAME *Edward L. Lippert*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Greenburg Mo.*
15. MAIDEN NAME *Unknown*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
17. INFORMANT *Mrs. Ed. Finkler*
(ADDRESS) *Springfield, Mo.*
18. BURIAL, CREMATION, OR REMOVAL
PLACE *St. Marys* DATE *6/27* 1933
19. UNDERTAKER *Thomas Lohmeyer*
(ADDRESS) *Springfield, Mo.*
20. FILED *6-24* 1933 *Ed. Lippert*
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *6/21* 1933
22. I HEREBY CERTIFY, That I attended deceased from *about May 15* 1933, to *June 21* 1933
I last saw him alive on *June 21* 1933. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Broken hip and senility
Date of onset _____
Other contributory causes of importance: *1860*
Broken hip occurred from fall at home
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? *accident* Date of injury *May, 1933*
Where did injury occur? *home*
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury *fell on floor in house*
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? *No*
If so, specify _____
(Signed) *J. J. O'Connell* M. D.
(Address) *315 1/2 College Springfield Mo*

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.

JUL 21 1933

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