

MAR 24 1934

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

Do not use this space.

4134

1. PLACE OF DEATH

County Caldwell  
Township Ruddy  
City Ruddy

Registration District No. 97  
Primary Registration District No. 4059

File No.  
Registered No. 2  
St. Ward

2. FULL NAME

Salman Tippet

(a) Residence, No. St. Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 78 yrs. 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 male  
4. COLOR OR RACE white  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 19 1855

7. AGE YEARS 78 MONTHS 2 DAYS 24 If LESS than 1 day, hrs. or min.

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

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) Caldwell, Mo. (STATE OR COUNTRY)

13. NAME James Tippet

14. BIRTHPLACE (CITY OR TOWN) Va. (STATE OR COUNTRY)

15. MAIDEN NAME Ellen Dunnington

16. BIRTHPLACE (CITY OR TOWN) Va. (STATE OR COUNTRY)

17. INFORMANT John Watson (ADDRESS) Ruddy, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rufford DATE Feb 14 1934

19. UNDERTAKER Thos. Beck (ADDRESS) Rufford, Mo.

20. FILED 2/13 1934 A. F. Paucek Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/12/1934

22. I HEREBY CERTIFY, That I attended deceased from Feb - 7 1934 to Feb - 12 1934  
I last saw him alive on Feb - 12 1934. Death is said to have occurred on the date stated above, at 4:05 P.M.

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

7. Tuberculosis (Arteriosclerosis)  
924  
97  
105

Other contributory causes of importance:

Cerebral Hemorrhage

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? No.  
If so, specify

(Signed) R. M. Gordon, M. D.  
(Address) Ruddy, Mo.

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.

