

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

Do not use this space.

19129

1. PLACE OF DEATH

County Saline Registration District No. 796
 Township Appleton Primary Registration District No. 2038
 City Marshall (No.) St. Ward)

File No.
 Registered No. 68

2. FULL NAME Bobby Joyce Piper

(a) Residence, No. 034 North Main 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. 1 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female (cal.)</u>	4. COLOR OR RACE <u>(cal.)</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5-16-34</u>		
7. AGE	YEARS	MONTHS
	<u>#</u>	<u>#</u>
		DAYS
		<u>#</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	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) <u>Marshall Missouri</u>		
FATHER	13. NAME <u>John Piper</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>William Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Edith Williams</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marshall Mo.</u>	
17. INFORMANT (ADDRESS) <u>John Piper 034 So. Main St</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fairview Cem</u> DATE <u>5-17-34</u>		
19. UNDERTAKER (ADDRESS) <u>F. H. Ferguson 604 N. Main St.</u>		
20. FILED <u>5/17/34</u> <u>Saline</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16th, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1934, to May 16, 1934
 I last saw her alive on May 16, 1934 Death is said to have occurred on the date stated above, at 11:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Premature Born
139 Child (about 7 mo.)
 Date of onset

Other contributory causes of importance 159

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 L

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) W. H. Madison, M. D.
 (Address) Marshall, 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.

JUN 26 1934

