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.

MAY 23 1935

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

Do not use this space.

12293

1. PLACE OF DEATH

County: Clinton — Registration District No.: 206 — File No.:

Township: ~~Lathrop~~ — Primary Registration District No.: 4124 — Registered No.: 8

City: Lathrop (No. ..... St. ..... Ward)

2. FULL NAME: Marcus Lafayette Tipton

(a) Residence, No. ..... St., ... Ward, ... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): april 1st 1842

7. AGE: Years 93 — Months — — Days 1 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farm

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Haynesville, Mo.

FATHER

13. NAME: Samuel Tipton.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER

15. MAIDEN NAME: Cynthia Richardson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): J. L. Biggerstaff Lathrop Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Lathrop Mo. DATE: 4-9 1935

19. UNDERTAKER (ADDRESS): The Mrs. Orent Lathrop, Mo.

20. FILED: 4-8- 1935 E. B. Dunkerson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): april 7th 1935

22. I HEREBY CERTIFY, that I attended deceased from 1-1-33, 1935, to 4-7-, 1935. I last saw him alive on 4-7-, 1935. Death is said to have occurred on the date stated above, at 10.54 a.m.

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

	Date of onset
Cerebral Haemorrhage	4-6-35

Other contributory causes of importance:

Chronic Myocarditis	1-1-33

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 .....

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

If so, specify .....

(Signed) E. B. Dunkerson, M. D.

(Address) Lathrop Mo.