

JUN 1 1935

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

Do not use this space.

13740

1. PLACE OF DEATH
County Newton Registration District No. 1046 File No. _____
Township Shoal Creek Primary Registration District No. 5-870 Registered No. 8
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Bernard Tippitt
(a) Residence, No. Newark mo St. _____ Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred 9 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (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 (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20 1914

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>21</u>	<u>1</u>	<u>5</u>	

8. Trade, profession, or particular kind of work done, as engineer, sawyer, bookkeeper, etc. Shipping Clerk

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

10. Date deceased last worked at this occupation (month and year) 4-24-35 11. Total time (years) spent in this occupation 5 mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shannon County Missouri

13. NAME R. T. Tippitt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Went County Mo.

15. MAIDEN NAME Nella Moffett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shannon County Missouri

17. INFORMANT (ADDRESS) A. T. Tippitt Newark mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Newark Mo. Cem. DATE 4-26 1935

19. UNDERTAKER (ADDRESS) Ray Thompson Newark mo.

20. FILED 4-26 1935 J. W. Thurman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-24 1935

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 11 P. m.

The principal cause of death and related causes of importance were as follows:
Broken Neck - Fractured Skull - Broken left arm - Crushed Chest - Auto Accident - Highway 71 at Underpass at Sagsmouth Date of onset

Other contributory causes of importance:
Between Newark and Jasper.

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 4-24 1935
Where did injury occur? Near Sagsmouth
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury Automobile wreck
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Osley J. Payne M. D.
(Address) Coroner

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.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Newton
Township.....
City..... (No. St. Ward)

Registration District No. 1046
Primary Registration District No. 3810

File No.
Registered No. 8

2. FULL NAME

Bernard Lippitt

(a) Residence, No. St. 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 21 1 5

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 4/26 1935 J. J. Sturman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-24 1935

22. I HEREBY CERTIFY, That I attended deceased from to 19.....
I last saw him alive on 19..... Death is said to have occurred on the m.
The principal cause of death and related causes of importance were as follows:

Broken neck, fractured skull, broken left arm, crushed chest, auto accident, Highway 71 at overpass at Saganmont
Occupant of car (car wheel)
Other contributory causes of importance:
Between Neosho and Joplin

Name of operation Date
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)

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
-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 14 1935

JUN 28 1935

S-13740