WHITE PERMANENT, 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.

2 2 1935

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

Do not use this space.

16283

1. PLACE OF DEATH
County Holt — Registration District No. 374 — File No. 165
Township Forbes — Primary Registration District No. 5521 — Registered No. ~~165~~ 3
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Solomon Sipes
(a) Residence, No. Farm St., ... Ward. ..... (If nonresident, give city or town and State)
(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: 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~~ Widowed ~~Mrs. Francis Sipes~~

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-9-1859

7. AGE: YEARS 75 — MONTHS 8 — DAYS 29 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer, farm
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) Forbes Mo

FATHER
13. NAME Noah Sipes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Illinois

MOTHER
15. MAIDEN NAME Christina Worley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Illinois

17. INFORMANT (ADDRESS) H. Lewis Sipes Savannah Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Graves Cemetery DATE 5-10- 1935

19. UNDERTAKER (ADDRESS) J. Fred Terbune Savannah Mo

20. FILED June 10, 1935 C. I. Harper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May — 8 —, 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 12 1935 to May 8, 1935
I last saw him alive on May 3, 1935 Death is said to have occurred on the date stated above, at 9 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1933

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) Jno. F. Chandler, M. D.
(Address) Oregon, Mo.