

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

Do not use this space.

36159

DEC 26 1935

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Law Primary Registration District No. 1002
 City St. Louis, Mo. (No. General Hosp. #2) St. 3rd Ward)

2. FULL NAME

(a) Residence, No. 1512 1/2 E. 21st St. General Hosp. #2 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. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Frauced Chipley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9-26-1866</u>		
7. AGE YEARS <u>69</u>	MONTHS <u>1</u>	DAYS <u>20</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>		11. Total time (years) spent in this occupation <u>None</u>
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
MOTHER FATHER	13. NAME <u>Allen Chipley</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
	15. MAIDEN NAME <u>Louisa Chipley</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
	17. INFORMANT (ADDRESS) <u>Record Clerk</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Highland</u> DATE <u>11/19</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>Watkins Bros.</u>		
20. FILED <u>Nov 19 1935</u> <u>M. M. Crown</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-16 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-2 1935 to 11-16 1935

I last saw him alive on 11-16 1935 Death is said to have occurred on the date stated above, at 8:35 P.M.

The principal cause of death and related causes of importance were as follows:
Bilateral Dystrophosis Date of onset 26

Other contributory causes of importance:
Bilateral Paraplegia (due probably to Softening Disease)

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) J. P. Thomas M. D.
 (Address) General Hosp. #2

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.

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