

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**

Do not use this space.

NOV 27 1935

37059

1. PLACE OF DEATH

County Randolph
Township Loberly, Mo.
City Loberly, Mo. (No. _____) (St. _____) (Ward _____)

Registration District No. 735
Primary Registration District No. 9034

File No. _____
Registered No. 186

2. FULL NAME

William W. Stipp.

(a) Residence, No. 826 W. Reed St., _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 26 -1857

7. AGE YEARS 77 MONTHS 11 DAYS 18 IF LESS than 1 day, _____ hrs. _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
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) Randolph Co. Mo.

FATHER 13. NAME Issac Stipp.

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

MOTHER 15. MAIDEN NAME Maria Jane Mills,

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

17. INFORMANT (ADDRESS) Mrs Harold Butterly, Loberly, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oakland Cem. DATE Nov 15 35

19. UNDERTAKER (ADDRESS) Snow Funeral Home, Loberly,

20. FILED 11/15 1935 Virginia Walker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 14th 35

22. I HEREBY CERTIFY, That I attended deceased from Nov 8 1935, to Nov 13 1935.

I last saw him alive on Nov 13 1935 Death is said to have occurred on the date stated above, at _____ m.

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

Injury (head)
NO
Other contributory causes of importance: _____

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

23. If death was due to external causes (violence), fit in also the following: Accident, suicide, or homicide, of injury Accidental of injury Nov 3, 1935
Where did injury occur? in house
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Struck by automobile
Nature of injury injury to head - fracture

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) J. T. Dickell, M. D.
(Address) Loberly, Mo.

