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.

DEC 23 1936

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

Do not use this space.

39595

File No. [illegible]
Registered No. 4751

1. PLACE OF DEATH

County Jackson — Registration District No. 399
Township ~~Kaw~~ — Primary Registration District No. 1002
City Kansas City (No. Trinity Lutheran Hospital St. Ward)

2. FULL NAME Mr William Tipton

(a) Residence, No. 3008 Baltimore Ave. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 27, 1852

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
83	3	15	

OCCUPATION

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

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

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) Ohio

FATHER

13. NAME William Tipton

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

MOTHER

15. MAIDEN NAME Catherine Zimmerman

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

17. INFORMANT A. T. Bagley
(ADDRESS) 450 West 62nd Terrace

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Washington DATE Dec. 14 35

19. UNDERTAKER Freeman Mortuary & Chapel
(ADDRESS) 104 West 42nd Street

20. FILED Dec 13 1935 M. M. Crosser
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from April, 1935, to Dec 12, 1935
I last saw him alive on Dec 11, 1935. Death is said to have occurred on the date stated above, at 5:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis @	
Cardiac Failure	6 mos
Chr. Nephritis	
Diabetes Mellitus	2 yrs.

Other contributory causes of importance:
Arterio-Sclerosis

Name of operation none Date of
What test confirmed diagnosis? Clinical 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) Paul H. Bruce M. D.
(Address) 1400 Brown & Light Bldg
K.C., Mo.

Dr. Carl Brunst
106 W. 14th Street

12 - 1 - 2 - 4 P.M.