

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.

FEB 18 1936

827

1. PLACE OF DEATH
 County Dunklin Registration District No. 290
 Township W. 1 Primary Registration District No. 5008
 City (No.) St. Ward

2. FULL NAME Mrs. Florence Ethel Lipsy
 (a) Residence, No. St. 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>female</u>	4. COLOR OR RACE <u>white</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>Theodore Lipsy</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>53</u>	<u>9</u>	<u>14</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>			
	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) <u>Giles County Tennessee</u>				
FATHER	13. NAME <u>GS Ball</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Giles County Tenn.</u>			
MOTHER	15. MAIDEN NAME <u>Jane White</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Giles Co. Tenn.</u>			
17. INFORMANT <u>Tym Ball a brother to the deceased</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Kennett county</u> DATE <u>Feb. 1 1936</u>				
19. UNDERTAKER <u>M. Daniel Reynolds Service Inc</u> (ADDRESS) <u> </u>				
20. FILED <u>3/5</u> 19 <u>36</u> <u>W. M. D.</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 31 1936

22. I HEREBY CERTIFY, That I attended deceased from January 18, 1936, to , 19 .
 I last saw her alive on January 21, 1936. 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:
Double lobular pneumonia Date of onset

Other contributory causes of importance:

Name of operation W. Russell me Smith 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?..... 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) W. Russell Smith M. D.
 (Address) Smith Mo.

