

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

Do not use this space.

4896

1. PLACE OF DEATH *MAR 17 1936*
 County *Camden* Registration District No. *118*
 Township *Adair* Primary Registration District No. *5169*
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME *Elizabeth Jane Flippin*
 (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 *Female* **4. COLOR OR RACE** *white* **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** *widow*

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *John C. Flippin*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 22 - 1862*

7. AGE YEARS *73* MONTHS *11* DAYS *19* IF LESS than 1 day, _____ hrs. or _____ min.

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

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) *Andy Creek* (STATE OR COUNTRY) *Cole County, Mo*

13. NAME *Andy Creek*

14. BIRTHPLACE (CITY OR TOWN) *?* (STATE OR COUNTRY) _____

15. MAIDEN NAME *Mary McGinnis*

16. BIRTHPLACE (CITY OR TOWN) *?* (STATE OR COUNTRY) _____

17. INFORMANT *Cecil Waisner* (ADDRESS) *Edwardes, Mo*

18. BURIAL, CREMATION, OR REMOVAL
 PLACE *Cable Tidy* DATE *Feb 12 1936*

19. UNDERTAKER *Abbie Woolery* (ADDRESS) *Camden, Mo*

20. FILED _____, 19 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 10 1936*

22. I HEREBY CERTIFY, That I attended deceased from _____, 19 _____, to _____, 19 _____ *VIEWED*

I last saw h. _____ alive on *Feb 10*, 19 *36* Death is said to have occurred on the date stated above, at *7 A.M.*

The principal cause of death and related causes of importance were as follows:
Found in bed dead caused by apoplexy

Other contributory causes of importance:
no insect or Dr called

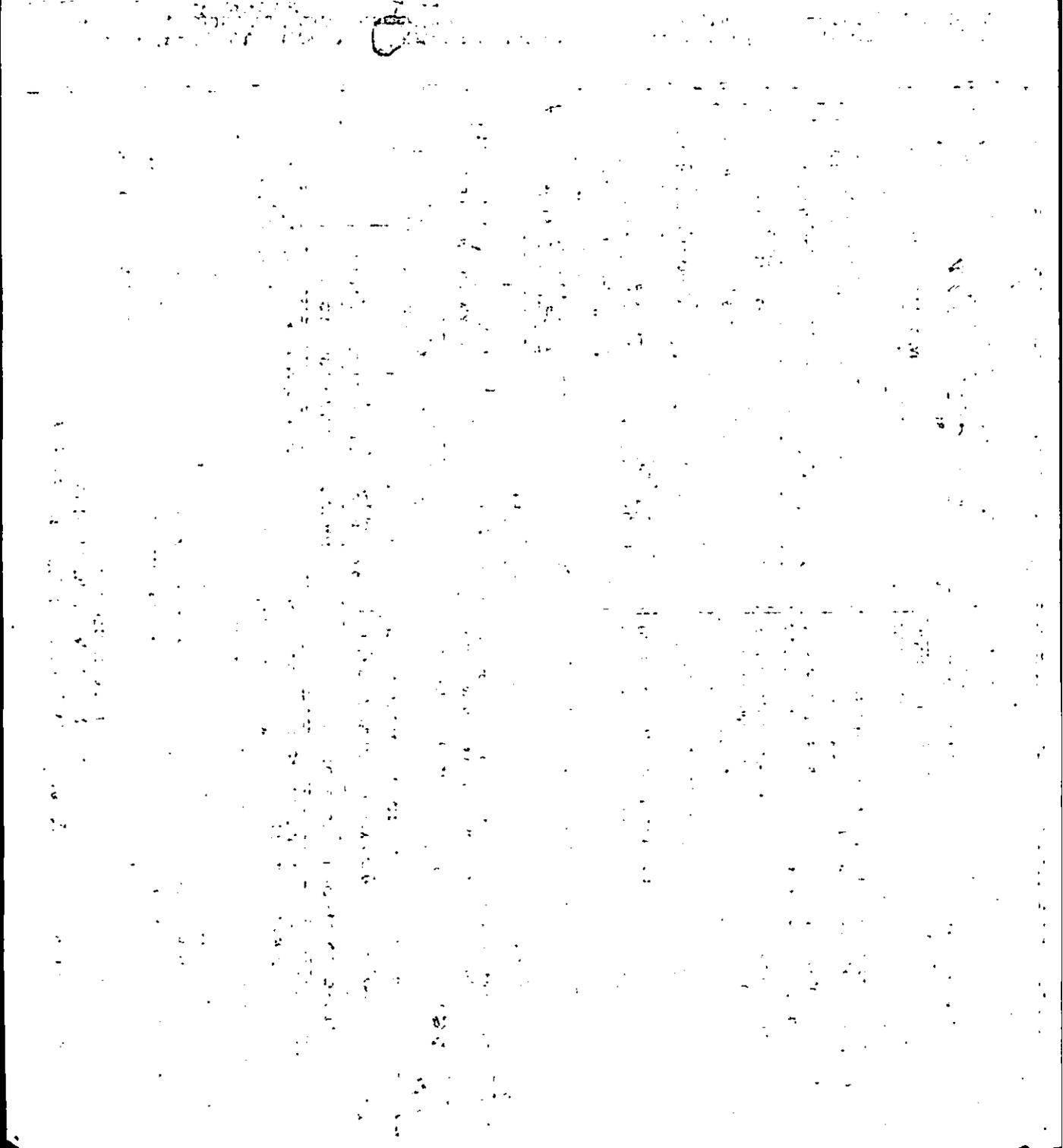
Name of operation _____ Date of _____
 What test confirmed diagnosis _____ Was there an autopsy? _____

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 *Camden, Mo*

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) *Abbie Banker Woolery*
 (Address) *Camden, Mo*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.

1. PLACE OF DEATH

County Camden

Registration District No. 178

File No.

Township

Primary Registration District No. 5769

Registered No.

City

(No.)

St. Ward)

2. FULL NAME

Elizabeth Jane Slippin

(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

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

W

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

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

73

11

19

OCCUPATION

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

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)

(1. Total time (years) spent in this occupation)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 2-10-1936 H. S. King Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Feb 10 1936

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to, 19.....

I last saw him alive on, 19..... 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:

Date of onset

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), 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), M. D.

(Address)

SUPPLEMENTARY

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.

