

MAY 20 1936

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

Do not fill this space.

14081

1. PLACE OF DEATH

County Boone
Township Missouri
City Rochport (No.)

Registration District No. 78
Primary Registration District No. 4046

File No.
Registered No. 3
St. Ward)

2. FULL NAME

Benjamin Franklin Shipe(a) Residence, No. Rochport mo. 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 21 1870

7. AGE: YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 4 7

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

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) Howard Mo.13. NAME Wm G. N. Shipe14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia15. MAIDEN NAME Mariah Louisa Brown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia17. INFORMANT (ADDRESS) Mrs Winifred Shipe18. BURIAL, CREMATION, OR REMOVAL PLACE Rochport mo. DATE Apr 30 193619. UNDERTAKER (ADDRESS) R. O. W. Kelley20. FILED 4/20 1936 Missouri Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28 193622. I HEREBY CERTIFY, That I attended deceased from Apr 28th 1936 to X, 19....I last saw him X alive on X, 19.... Death is saidto have occurred on the date stated above, at 5:30 p.m.

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

Asphyxiation Date of onset

Other contributory causes of importance:

Not fully recovered from influenza

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

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) E. H. Davis, Coroner Mo.

(Address) Columbia Mo.

