

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

Do not use this space.

AUG 15 1936

25567

1. PLACE OF DEATH

County Buchanan Registration District No. 81
Township Washington Primary Registration District No. 100
City St. Joseph (No. Dr. Hartsock's Office) St. 1 Ward 1

File No. _____
Registered No. 925

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Mound City Mo.
(Usual place of abode)
Length of residence in city or town where death occurred Life 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 Alise Beck Lippald

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 24 1886

7. AGE YEARS 49 MONTHS 7 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. himself
10. Date deceased last worked at this occupation (month and year) work 11. Total time (years) spent in this occupation unt

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

FATHER 13. NAME Richard Lippald

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

MOTHER 15. MAIDEN NAME Sarah J. Robinson

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

17. INFORMANT Ernie Lippald (ADDRESS) Residence, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mound City, Mo. DATE July 13 1936

19. UNDERTAKER H. C. Crawford (ADDRESS) Mound City, Mo.

20. FILED July 13 1936 A. J. Nettshall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13 1936

22. I HEREBY CERTIFY, that I attended deceased from July 10 1936 to July 13 1936
I last saw him alive on July 12 1936 Death is said to have occurred on the date stated above, at 5:30 in.

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

Acute Hemorrhage
H6

Other contributory causes of importance:

Carcinoma
of liver
Name of operation Excisatory Date of 7-11-36
What test confirmed diagnosis? _____ 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) H. W. E. Hartsock

(Address) 1707 Broadway
St Joseph Mo

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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