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.

AUG 28 1936

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

Do not use this space.

229533

1. PLACE OF DEATH
County Stoddard
Township ~~Liberty~~
City Bernie (No. ..... St. ..... Ward)

Registration District No. 836
Primary Registration District No. 4507

File No. 37
Registered No. 37

2. FULL NAME Annie Pippins

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 25 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 (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1855-5-9

7. AGE 81 YEARS | MONTHS 1 | DAYS 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) Creal Springs Illinois

FATHER
13. NAME Do not know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

MOTHER
15. MAIDEN NAME Annie Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Creal Springs Illinois

17. INFORMANT (ADDRESS) Orvill Burnett (Son) Bernie

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bernie Cem. DATE July 2, 1936

19. UNDERTAKER (ADDRESS) Dale J. Hopkins Bernie Mo.

20. FILED July 2, 1936 Florence Allen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-1-, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-12-, 1936, to 7-1-, 1936
I last saw her alive on 6-29-, 1936 Death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
162	

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) Lawsey Ryan, M. D.
(Address) Bernie Mo