AUG 9 1937

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

Do not use this space.

44206

File No.

Registered No. 141

1. PLACE OF DEATH
County Cooper
Township Boonville
City (No. St. Ward)

Registration District No. 218
Primary Registration District No. 5298

2. FULL NAME Mrs Daisy B. Tipton

(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 (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 3 1863

7. AGE: Years 73; Months; Days 2. If LESS than 1 day, hrs. or min.

OCCUPATION
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.: At Home.
10. Date deceased last worked at this occupation (month and year): 1932
11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Des Moines Iowa

FATHER
13. NAME: ? Cole.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown.

MOTHER
15. MAIDEN NAME: ? Rose
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown.

17. INFORMANT (ADDRESS): D. E. Tipton Boonville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Council Bluffs Iowa DATE Dec 8th 1936

19. UNDERTAKER (ADDRESS): Goodman & Boller Boonville Mo

20. FILED Dec 7, 1936 D. E. Hooper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 8th 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1936, to Dec 7, 1936
I last saw h. alive on Dec 4, 1936. Death is said to have occurred on the date stated above, at 5:20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Intestinal obstruction	Dec 2 1936

Other contributory causes of importance: Ventral Hernia

Name of operation: none Date of
What test confirmed diagnosis? Fecal vomiting 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) G. L. Chamberlain, M. D.
(Address) New Franklin Mo