

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

Do not use this space.

**JUN 24 1937**

**20721**

1. PLACE OF DEATH  
 County Moniteau Registration District No. 575  
 Township Willoufork Primary Registration District No. 4339  
 City Tipton (No. 2) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

2. FULL NAME Mary Kate Pipes  
 (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. ~~MARRIED, WIDOWED, OR DIVORCED~~  
 HUSBAND OF W.C. Pipes (deceased)  
 (WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 28, 1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
72 2 10

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

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) Missouri

13. NAME Hayden Sortore

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

15. MAIDEN NAME Mary Garigus

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

17. INFORMANT Joe Will Pipes  
 (ADDRESS) Tipton, Missouri

18. PLACE OF BURIAL OR REMOVAL Hopewell Cemetery  
 DATE May 10, 1937

19. UNDERTAKER Jessie E. Richards  
 (ADDRESS) Tipton Mo

20. FILED 5-9-37 Mr. Lusk Joyce  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May, #8th. 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1937, to May 8, 1937  
 I last saw him alive on May 8-37, 1937. Death is said to have occurred on the date stated above, at 5:30 P.M. m.

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

Myocarditis, Chronic

Other contributory causes of importance: None

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? none 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) J.B. Norman, M. D.

(Address) Tipton 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.

