AUG 24 1937

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

Do not use this space.

File No. 27448
Registered No.

1. PLACE OF DEATH

County: Jasper
Township:
City: Carthage (No. 119 N. Meridian St. Ward)

Registration District No. 408
Primary Registration District No. 3020

2. FULL NAME Dickie Dean Sipp

(a) Residence, No. 119 N. Meridian 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. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 29, 1936

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	0	10	5	

OCCUPATION

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

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) Superior
(STATE OR COUNTRY) Nebraska

FATHER

13. NAME Orval Sipp

14. BIRTHPLACE (CITY OR TOWN) Luvell
(STATE OR COUNTRY) Kansas

MOTHER

15. MAIDEN NAME Stella Smith

16. BIRTHPLACE (CITY OR TOWN) Kennesaw
(STATE OR COUNTRY) Nebraska

17. INFORMANT Mr. Orval Sipp
(ADDRESS) Carthage, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fasken Cemetery DATE July 6, 1937

19. UNDERTAKER Ulmer Funeral Home
(ADDRESS) Carthage, Missouri

20. FILED July 6, 1937 S. B. Clinton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1937, to July 4, 1937
I last saw h. alive on July 4, 1937. Death is said to have occurred on the date stated above, at 10:25pm
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gastro Enteritis	July 3

Other contributory causes of importance:

119B

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? No
If so, specify
(Signed) R. M. Webster, M. D.
(Address) Carthage, Mo.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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