

JAN 19 1938

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

Do not use this space.

1. PLACE OF DEATH

47 County Jasper Registration District No. 411 File No. 45662  
Township Jasper Primary Registration District No. 2002 Registered No.  
5 City Joplin (No. Freeman Hospital) Ward

2. FULL NAME

Bob Lee Ipton  
(a) Residence, No. 306 Pearl St. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-13-1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
6 0 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Student  
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) Galena Kansas Mo

13. NAME Gerald Ipton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Galena Kansas Mo

15. MAIDEN NAME Ramona Martin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peroria, Ill Mo

17. INFORMANT (ADDRESS) Gerald Ipton Galena Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Galena, Kan. DATE 12-8-37

19. UNDERTAKER (ADDRESS) Frank Devers Mortuary Joplin Mo

20. FILED 12-17-37 1937 Ed Djanogly Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-6-1937

22. I HEREBY CERTIFY, That I attended deceased from 12-7-1937 to 12-7-1937

I last saw him alive on Dec. 7-1937. Death is said to have occurred on the date stated above, at 5:30 p.m. 12/6/37

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

Automobile Accident  
Fract of skull extended  
four right temple of  
back of skull

Other contributory causes of importance:  
(Pedestrian)

Name of operation none Date of autopsy

What test confirmed diagnosis?          Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide Accident Date of injury 12/6/37

Where did injury occur? West 11th St. Joplin Mo  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, on home, or in public place.  
West 11th St. between Pearl St. & Chest

Manner of injury Automobile Accident

Nature of injury Fracture of skull

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify         

(Signed) A. St. Winchester M. D.  
(Address) Joplin, 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.

