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.

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

REC'D MAR 15 1938

6650
Do not use this space.

1. PLACE OF DEATH
(a) County Dunklin — Registration District No. 289
(b) Township Cotton Hill — Primary Registration District No. 5407 — Registered No. 13
(c) City ..... (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William E. Pippins 152
(a) Residence, No. ..... St. ..... (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ — Pippins
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 7-1865
7. AGE: YEARS 73 | MONTHS 1 | DAYS 2 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year) 1930
11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co. Ill.

FATHER
13. NAME Wm Pippins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

MOTHER
15. MAIDEN NAME Parke McBride
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT (ADDRESS) T. J. Rice Malden Mo. R 2
18. BURIAL, CREMATION, OR REMOVAL
PLACE Bernie DATE 2-10 38
19. FUNERAL DIRECTOR (ADDRESS) W. L. Craig
20. FILED 2/10/ 1938 S. E. Mitchell Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 9 1938
22. I HEREBY CERTIFY, That I attended deceased from Dec 29 1937, to Feb 9 1938
I last saw him alive on Feb 8 1938. Death is said to have occurred on the date stated above, at 8 30 a.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage — Date of onset Dec 29
Other contributory causes of importance: Arterial sclerosis.
Name of operation none Date of ✓
What test confirmed diagnosis? no 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 none
Nature of injury ✓
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify ✓
(Signed) Gregory Castleman, M. D.
262 (Address) Malden

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by.....Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**