

REC'D APR 14 1938

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

10186  
Do not use this space.

1. PLACE OF DEATH

(a) County Buckhannon Registration District No. 85  
 (b) Township..... Primary Registration District No. 1001 Registered No. 325  
 (c) City St Joseph (d) Street No. 516 717th 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 12 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Nancy Elizabeth Chipp 100  
 (a) Residence, No. 516 717th 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W J Chipp Deceased  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 30 1853  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
84 4 27  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 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)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co Mo

13. NAME John Foster

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

15. MAIDEN NAME Mary Maloney

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

17. INFORMANT (ADDRESS) Angeline Selby

18. BURIAL, CREMATION, OR REMOVAL PLACE New Hampton, Mo DATE Mar 30 1938  
Foster Cem

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W J Noble  
New Hampton Mo

20. FILED 3/18 1938 W J Noble Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-17 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-1, 1938, to 3-17, 1938

I last saw her... alive on 3-15, 1938 Death is said to have occurred on the date stated above, at 2 P m.

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

Acute Coronary Thrombosis  
Heart disease of atherosclerotic  
myocardial character

Date of onset

Other contributory causes of importance:  
Arteriosclerosis general

Name of operation..... Date of.....  
 What test confirmed diagnosis Findings Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no 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) W J Noble, M. D.  
 (Address) 301 5th Bldg  
St Joseph 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_

*W. H. Noble*, or by \_\_\_\_\_

Registered Apprentice No. *2904*, working under my personal supervision.

Signed *W. H. Noble*

Licensed Embalmer No. *2904*

P. O. Address *New Hampton, MS*

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

If this body is not embalmed, above space should be left blank.