REC'D MAY 25 1938

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

Do not use this space.

1. PLACE OF DEATH
County: Webster
Township: W. Benton
City: ..... (No. ..... St. ..... Ward)

Registration District No. 901
Primary Registration District No. 6209

File No. 16149
Registered No. 32

2. FULL NAME Leonard Lee Lipscomb

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Son of Olin Lipscomb

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 25 - 1933

7. AGE: Years 4 | Months 8 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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.: ✓
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): Ozark Co Mo

FATHER
13. NAME: Olin Lipscomb
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ozark Co Mo

MOTHER
15. MAIDEN NAME: Flora Fulbach
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ozark Co Mo

17. INFORMANT (ADDRESS): Oliver Lipscomb Rogersville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Watts Cem. DATE: 4-10- 1938

19. UNDERTAKER (ADDRESS): Kelley-Fussell Rogersville Mo.

20. FILED: 4-12 1938 F C Bassore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr. 9 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 5, 1938, to Apr 9, 1938. I last saw him alive on Apr 9, 1938. Death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Infantile Paralysis	Apr 2
16 -	

Other contributory causes of importance:

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? .....
If so, specify .....
(Signed) [illegible], M. D.
(Address) Rogersville Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.