

REC'D JUN 8 1938

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

18347

Do not use this space.

## 1. PLACE OF DEATH

(a) County Harrison Registration District No. 340  
(b) Township White Oak Primary Registration District No. 1476 Registered No. \_\_\_\_\_  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(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

Mary Catherine Chipp 100  
(a) Residence, No. \_\_\_\_\_ Country \_\_\_\_\_ St. \_\_\_\_\_  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) aug 2 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
74 9 12

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
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) Harrison Co  
(STATE OR COUNTRY) Missouri13. NAME Andrew Swoop14. BIRTHPLACE (CITY OR TOWN) Indiana  
(STATE OR COUNTRY)15. MAIDEN NAME Marjorie Frank16. BIRTHPLACE (CITY OR TOWN) Ohio  
(STATE OR COUNTRY)17. INFORMANT George Chipp  
(ADDRESS) New Hampton mo18. BURIAL, CREMATION, OR REMOVAL PLACE Foster DATE May 16 193819. FUNERAL DIRECTOR (NAME) W. G. Noble  
(ADDRESS) New Hampton mo20. FILED June 14 1938 Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14 193822. I HEREBY CERTIFY, That I attended deceased from May 1 1938, to May 14 1938

I last saw her alive on May 13 1938. Death is said to have occurred on the date stated above, at 5 P m.

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

Hemorrhage of Brain

Date of onset

Other contributory causes of importance: Brain

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? A

If so, specify \_\_\_\_\_

(Signed) C. B. Berlin, M. D.308 (Address) New Hampton, Mo

**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. G. Noble*

or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed *W. G. Noble*

Licensed Embalmer No. *2964*

P. O. Address *New Hampton N.H.*

**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.**