

REC'D JUN 14 1938

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

Do not use this space.

19673

## 1. PLACE OF DEATH

County Scott  
Township Keokuk  
City Illmo (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 1155  
Primary Registration District No. 6045

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

## 2. FULL NAME

Robert Patrick Shiphey  
(a) Residence, No. Illmo St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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

## MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 10, 1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
66 9 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

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) Bault St. Marie  
Michigan

13. NAME Robert P Shiphey

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

15. MAIDEN NAME Mary Wash

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

17. INFORMANT (ADDRESS) Simon P Shiphey  
Illmo

18. BURIAL, CREMATION, OR REMOVAL Lightner Cem  
PLACE Illmo DATE 5/16/38

19. UNDERTAKER (ADDRESS) B. S. Ingheff & Hubbard  
Illmo Mo

20. FILED May 14 1938 B. S. Ingheff  
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14 1938

22. I HEREBY CERTIFY, That I attended deceased from May 13 1938 to May 14 1938

I last saw him alive on May 14 1938. Death is said to have occurred on the date stated above, at 10 P.M.

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

Myocarditis 1937

Other contributory causes of importance: 93811

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis clinical Was there an autopsy? no

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? no

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

(Signed) H. S. Ingheff, M. D.

(Address) Illmo

729

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

