

REC'D JUL 19 1938

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

Do not use this space.

21612

1. PLACE OF DEATH

County Clark Registration District No. 194
Township Washington Primary Registration District No. 0271
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 8

2. FULL NAME George Evans Lips

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

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) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18 1938

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 23 1919

I last saw h _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ 10p.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
18 7 25

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

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Student

He was killed by a Sante Fe Rail Road Train. The car in which he was riding was hit by a train on a Rail Road crossing.

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 0

Other contributory causes of importance: 20 ft m

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wyaconda, Mo.

Name of operation _____ Date of _____

13. NAME Arthur Lips

What test confirmed diagnosis? _____ Was there an autopsy? _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wyaconda, Mo.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accid Date of injury _____, 19____

15. MAIDEN NAME Mildred Evans

Where did injury occur? _____ (Specify city or town, county, and State)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Granger, Mo.

Specify whether injury occurred in industry, in home, or in public place. _____

17. INFORMANT (ADDRESS) Arthur Lips Wyaconda Mo

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Wyaconda Cemetery DATE June 20 1938

Nature of injury _____

19. UNDERTAKER (ADDRESS) W. J. Beardsley Wyaconda Mo

24. Was disease or injury in any way related to occupation of deceased? _____

20. FILED June 20 1938 Beate Blatter Registrar

If so, specify (Signed) F. A. S. Rebo M. D.

(Address) Wyaconda Mo

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

