

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

43735
Do not use this space.

1. PLACE OF DEATH 2

(a) County Macon Registration District No. 533

(b) Township Hudson Primary Registration District No. 5713 Registered No. 86

(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 Samuel James Tipton

(a) Residence, No. _____ 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 Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 5th 1938

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,	hrs.	min.
	0	2	25			

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. Infant

10. Date deceased last worked at this occupation (month and year) _____ Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ottawa

FATHER 13. NAME Clarence J. Tipton

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co. Mo.

MOTHER 15. MAIDEN NAME Margaret Crow

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Mo.

17. INFORMANT (ADDRESS) Clarence J. Tipton

18. BURIAL, CREMATION, OR REMOVAL PLACE Kellogg Cem. DATE 12-31-38

19. FUNERAL DIRECTOR (ADDRESS) Mc Stephens & Gooding Macon Mo.

20. FILED 1/3 1939 Seeds Denton Local Registrar. 496

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-30-1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1938, to Dec 30, 1938

I last saw him alive on Dec 29, 1938 Death is said to have occurred on the date stated above, at 3:29 m.

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

Acute Broncho Pneumonia (Primary)

Other contributory causes of importance: 107K

Date of onset 12-25-38

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) Dr. J. J. Ramsey

(Address) Macon Mo.

RECEIVED

District Health Officer No. 10

District File Number 10-38-917

Date Filed 1/12/39

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

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.)