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.

JAN 20 1939

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

Do not use this space.

1. PLACE OF DEATH
County Monroe
Township Jackson
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 582
Primary Registration District No. 5779

File No. 43844
Registered No. 44

2. FULL NAME CHARLES J. LIPPELT

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

Length of residence in city or town where death occurred 3 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): WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 26, 1858

7. AGE: YEARS 80 | MONTHS 3 | DAYS 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MINING PROSPECTING
9. Industry or business in which work was done, as silk mill saw mill, bank, etc. GOLD + SILVER
10. Date deceased last worked at this occupation (month and year) 1931
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PORTLAND MO.

FATHER
13. NAME GUSTAVE LIPPELT
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER
15. MAIDEN NAME HENERVETTA FRANK
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT C. H. HAUENSTEIN
(ADDRESS) 2463 RALIEGH, DENVER, COLO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE DENVER, COLO. DATE Jan. 1, 1939

19. UNDERTAKER Speed & Bl[illegible]
(ADDRESS) [illegible], Missouri.

20. FILED 12-31 1938 H. C. Payne
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC. 31, 1938.

I HEREBY CERTIFY, That I attended deceased from Dec 24, 1938 to Dec 31, 1938
I last saw him alive on Dec 31, 1938 Death is said to have occurred on the date stated above, at 11:50 A. m.
The principal cause of death and related causes of importance were as follows:

Lahar Fremmin — Date of onset 12/24/38

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? [illegible] 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? no
If so, specify .....
(Signed) Geo. W. [illegible] M. D.
(Address) Paris, Missouri.

RECEIVED
District Health Office No. 10
District File Number 10-38-935
Date Filed 1/14/39