

REC'D JAN 6 1938

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

Do not use this space.

1. PLACE OF DEATH

County Worth

Township Allen

City Cheney

Registration District No. 905

Primary Registration District No. 6216

File No. 44875

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U. S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

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

Billy Lipsou

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

88

5

14

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

Housekeeper

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)

DeKalb Co. Ga.

13. NAME

Daniel W. Lauf

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

Conn.

15. MAIDEN NAME

Ingersoll

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

Vermont

17. INFORMANT (ADDRESS)

J. P. Bram

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Laurel Cemetery

DATE

July 23

19. UNDERTAKER (ADDRESS)

J. P. Bram

20. FILED

Jan 3

1938

Registrar

MEDICAL CERTIFICATE OF DEATH

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

July 23, 1938

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

I last saw her alive on March, 1938. Death is said

to have occurred on the date stated above, at _____ m.

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

Chronic Valvular Heart Disease
Chronic Endocarditis

Date of onset

?

Other contributory causes of importance:

Sensibility

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? L 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

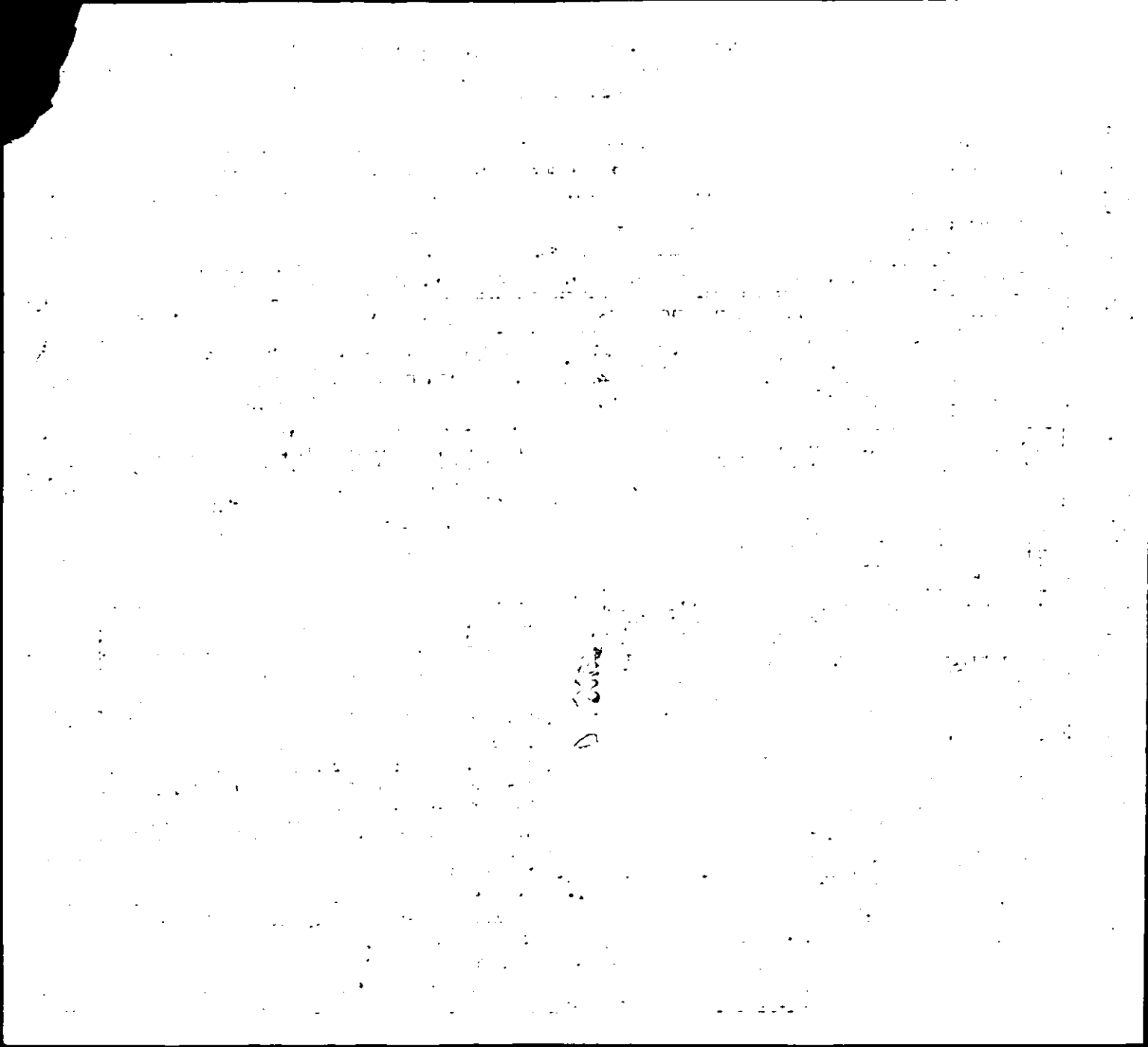
If so, specify

(Signed)

J. H. Bailey D.O.

(Address)

Denver Mo.



FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

44878

Do not use this space.

1. PLACE OF DEATH

(a) County North
(b) Township allen
(c) City

Registration District No. 908
Primary Registration District No. 6316

Registered No.

(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.

PRINT FULL NAME Julia A. Gibson

(a) Residence, No. 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

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

7. AGE YEARS 88 MONTHS 5 DAYS 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House
9. Industry or business in which work was done, as saw mill, bank, etc. keeper
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) De Kalb Co. Ga.

13. NAME Daniel W. Lamb

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Co. Ga.

15. MAIDEN NAME Ingersoll

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

17. INFORMANT (ADDRESS) J. P. Brown

18. BURIAL, CREMATION OR REMOVAL PLACE Laurel Cem. DATE July 23

19. FUNERAL DIRECTOR (ADDRESS) J. P. Brown

20. FILED Mar 22 19 39 A. L. Perry

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23 19 38

22. I HEREBY CERTIFY That I attended deceased from 19 March to 19 38

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

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

Chronic Valvular Heart disease
Endocarditis
Senility

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?

If so, specify (Signed) J. H. Shibley (Address) Denver

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PER MOORE LAW.

