

REC'D APR 11 1939

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

11022

Do not use this space.

1. PLACE OF DEATH

(a) County Iron Registration District No. 391
 (b) Township Cascade Primary Registration District No. 4230
 (c) City Ironton (d) Street No. St. Marys Hospital Registered No. 16
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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

100 (Stillborn) Shipp
 (a) Residence, No. 100 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 Female	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ##
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ##		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 22, 1939		
7. AGE YEARS 0	MONTHS 0	DAYS 0
If LESS than 1 day, 0 hrs. or 0 min.		
OCCUPATION	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. none	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ironton Mo.	
	13. NAME Noah Shipp	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bixby Mo.	
	15. MAIDEN NAME Elva Maxwell	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown		

17. INFORMANT **Noah Shipp**
 (ADDRESS) **Banner Mo.**
 18. BURIAL, CREMATION, OR REMOVAL PLACE **Banner Mo.** DATE **March 24, 1939**
 19. FUNERAL DIRECTOR **Norman White & Sons**
 (ADDRESS) **Ironton Mo.**
 20. FILED Mar 31, 1939 R. R. R. R.
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 22, 1939**22. I HEREBY CERTIFY, That I attended deceased from **stillborn**, 19....., to....., 19.....

I last saw him..... 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:

stillborn

Date of onset

Other contributory causes of importance:

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) George Gay M. D.
 (Address) Ironton, Mo.

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

MARK IN REVERSE FOR BINDING

V. S. NO. 2
50M-70-37

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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.

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.)