

APR 25 1939

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

Do not use this space.

1. PLACE OF DEATH

County PUKE  
Township SPENCER  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 686  
Primary Registration District No. 3913

File No. 11934  
Registered No. 2  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Sarah Frances Tippett

(a) Residence, No. \_\_\_\_\_ 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

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Warren K Tippett</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 23 - 1863</u>		
7. AGE	YEARS	MONTHS
	<u>75</u>	<u>8</u>
		DAYS
		<u>5</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
<u>House wife</u>		
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Spencerburg Mo</u>		
13. NAME <u>Kathell M. Surpin</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>		
15. MAIDEN NAME <u>Louise Ann Calver</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>		
17. INFORMANT <u>Mr. Wm. Surpin</u> (ADDRESS) <u>Frankford Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Spencerburg Cemetery</u>		DATE <u>3-9-39</u>
19. UNDERTAKER (ADDRESS) <u>Wm. J. Bankhead</u> <u>Frankford Mo.</u>		
20. FILED <u>3-2</u> 19 <u>39</u> <u>Gene Heedrick</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 21 1939, to March 1 1939  
I last saw her alive on Feb. 27 1939. Death is said to have occurred on the date stated above, at 12:15 a.m.  
The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage

Date of onset \_\_\_\_\_

Other contributory causes of importance: General

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) Wm. J. Bankhead M. D.  
(Address) Frankford Mo.

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.

RECEIVED

District Health Office No. 10

District File No. 10-39-656

Date Filed, APR 13 1939