

1939 JUL 19 1939

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

23126

Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois 2 Registration District No. 773
(b) Township [redacted] 1 Primary Registration-District No. 4464 Registered No. 107
(c) City Farmington (d) Street No. _____ St.
(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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME John Wesley Pipkin

(a) Residence, No. Farmington, Missouri 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frances Triplet Pipkin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 19-1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
69 8 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) June 29-39 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Weingarten, Mo. 0

FATHER 13. NAME Willis Pipkin 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee 0

MOTHER 15. MAIDEN NAME Miney Casteal

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francois Co.

17. INFORMANT (ADDRESS) Charles L. Pipkin
Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hugo Cozean
Farmington, Mo.

20. FILED June 29, 1939 B. J. Robinson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-29-39

22. I HEREBY CERTIFY, That I attended deceased from 6-9-39 to 6-29-39, 1939

I last saw him alive on 6-9-39, 1939 Death is said to have occurred on the date stated above, 5:30 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
Chronic nephritis, & influenza Date of onset 6/6/39

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) L. M. Starfield

(Address) Farmington, 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

me

....., Registered Apprentice No.

working under my personal supervision.

Signed

C. H. Cozeman

Licensed Embalmer No.

4084

P. O. Address

Farmington

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.)

If this body is not embalmed, above space should be left blank.