

JUL 19 1939

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

Do not use this space.

23506

1. PLACE OF DEATH

110 County Washington Mo. / Registration District No. 885  
Township Belgrade Primary Registration District No. 0183  
City (No. St. Ward)

2. FULL NAME Lacy Marion Shipp

(a) Residence, No. Belgrade Mo. 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. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15, 1921

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
18 3 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer  
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) Belgrade Mo.

FATHER 13. NAME Erastus Shipp

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iron Co. Mo.

MOTHER 15. MAIDEN NAME Mammie Parton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crawford Co. Mo.

17. INFORMANT Erastus Shipp  
(ADDRESS) Belgrade Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Belgrade Mo. DATE June 23, 1939

19. UNDERTAKER Norman White & Sons  
(ADDRESS) Ironton Mo.

20. FILED 6-26 1939 Ella White Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from No Physician, to never, 1939.  
I last saw him alive on never, 1939. Death is said to have occurred on the date stated above, at 6 P. m.  
The principal cause of death and related causes of importance were as follows:

gunshot wound of chest Date of onset 1939  
Other contributory causes of importance: killed by accident gunshot (jury verdict)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? examined Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? accident Date of injury 6-20, 1939  
Where did injury occur? Palmer, Mo. Washington Co. (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. public highway  
Manner of injury Shot thru chest 23 rifle  
Nature of injury 5 lead balls chest

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) Joseph L. Thurman M. D. Coroner  
(Address) Palmer, Mo.

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

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.

