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.

I X9314

FILED AUG 9 1939

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

Do not use this space.

1. PLACE OF DEATH
County Howard. Registration District No. 378 File No. 25744
Township South Moniteau. Primary Registration District No. 5532 Registered No. 43
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME 120 Pearle Henderson Pipes.
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 Female
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 Emmett Pipes.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/27th 1876
7. AGE YEARS 62 MONTHS 8 DAYS 19 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Missouri 0

FATHER
13. NAME Tillie Henderson, 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri, 0

MOTHER
15. MAIDEN NAME Ella Graves.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri,

17. INFORMANT (ADDRESS) Mrs Hubert Young, Rocheport, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland. Mo DATE 6 12th 1939, 19
19. UNDERTAKER (ADDRESS) Guy T. Halley. Fayette, Mo.
20. FILED Aug 5 1939 V. A. Bonham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/10th 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1938, to June 10, 1939. I last saw her alive on June 10, 1939. Death is said to have occurred on the date stated above, at 7 A m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Intestine — Date of onset
46
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) H. E. Ingell, M. D.
339 (Address) Rocheport Mo

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8/7/39