REC'D SEP 21 1939

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

29774
Do not use this space.

1. PLACE OF DEATH
(a) County Morgan — Registration District No. 953
(b) Township Moreau — Primary Registration District No. 5792 — Registered No.
(c) City — (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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Nancy Elizabeth Tipton
(a) Residence, No. Morgan County, Mo St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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: Henry Tipton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 26-1848
7. AGE: YEARS 91 — MONTHS 2 — DAYS 11 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
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) Aug 5-1939
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan County, Mo

FATHER
13. NAME John C. Todd
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard County, Mo.

MOTHER
15. MAIDEN NAME — Collins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard County, Mo.

17. INFORMANT (ADDRESS) Miss Anna Tipton Versailles, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Freedom - Morgan Co. DATE Aug 9 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. F. Kidwell Versailles Missouri
20. FILED Aug 10 1939 Julius K. Cooper Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 8, 1939
22. I HEREBY CERTIFY, That I attended deceased from Aug 8 1938 to Aug 8th 1939
I last saw her alive on Aug 8th 1939. Death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

Gall stone Colic

Date of onset

126

Other contributory causes of importance:
Arterio Sclerosis
Senility

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) W. G. Gum, M. D.
(Address) Versailles Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 7-39-1315
Date Filed 9-12-39

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, ...
Rene Bartram, or by .....
Registered Apprentice No....., working under my personal supervision.

Signed Rene Bartram

Licensed Embalmer No. 4021

P. O. Address Versailles, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c with the above constitutes grounds for revocation of license.)

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