

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.

FILED JAN 25 1941

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

Do not use this space.

1. PLACE OF DEATH

County Jefferson Registration District No. 810
 Township 2 Primary Registration District No. 4488
 City St. Louis (No. 2) St. _____ Ward _____

File No. 44020
 Registered No. 63

2. FULL NAME

(a) Residence, No. 01 Ward _____
 (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. (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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Emmett Tiffet
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 16, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
84 2 12

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife
 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) Virginia

FATHER
 13. NAME James M. Knight
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
 15. MAIDEN NAME Rebecca Ann Miller
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Orville W. Tiffet
Memphis Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Memphis cemetery DATE 12/30/40

19. UNDERTAKER (ADDRESS) H. W. Ayers Sons
Memphis, Mo

20. FILED 1-21-1941 E. E. Parish
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 28, 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1940, to Dec. 28, 1940
 I last saw h. alive on Dec. 28, 1940 Death is said to have occurred on the date stated above, at 7 P. m.
 The principal cause of death and related causes of importance were as follows:

Coronary occlusion
arteriosclerosis
chronic myocarditis
12C

Date of onset 12-22-40

Other contributory causes of importance:
Fracture of neck of rt femur 1937

Name of operation _____ Date of _____
 What test confirmed diagnosis R. X. 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) E. C. Shillman M. D.
725 (Address) Memphis, Mo

100-103

Health Officer No. 90

Number 1-41-200

Jan. 22, 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 440 20
Registrar's No. 63

Registration District No. 810

Primary Registration District No. 4488

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County Scotland
 (b) City or town Memphis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Scotland
 (c) City or town Memphis
(If outside city or town limits write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Margaret Agnes Tippet
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

20. DATE OF DEATH Month Dec day 28
 year 1949 hour _____ minute _____ M.

4. Sex F 5. Color or race W
 6. (a) Single, widowed, married, divorced wid
 6. (c) Age of husband, or wife, if alive _____ year

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
 that I last saw h. _____ alive on _____ 19____
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

7. Birth date of deceased _____
(Month) (Day) (Year)
 8. AGE: Years Months Days If less than one day
84 2 12 hr. _____ min.

Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 1-12-41 (b) E. E. Parrish
(Date received local registrar) (Registrar's signature)

Major findings:
 Of operations _____
 Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)
 While at work? _____ (e) Means of injury _____

23. Signature E. F. Gullfellow (M. D. or other) _____
 Address Memphis Date signed _____

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

