

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.

FILED MAR 19 1941

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

Do not use this space.

7544

1. PLACE OF DEATH
 County Madison Registration District No. 5-38 File No. _____
 Township Jewetta Primary Registration District No. 5725-6 Registered No. 15
 City Jewetta (No. _____) St. _____ Ward _____

2. FULL NAME John Whitley Pippin
 (a) Residence, No. Madison Co. Mo. Rural (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 Male 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 Mary Clinton Pippin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 10, 1847

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, _____ hrs. or _____ min. |
|--------|-----------|-----------|-----------|--|
| | <u>93</u> | <u>10</u> | <u>24</u> | |

| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u> |
|------------|---|
| | 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) Jackson, Tennessee
 (STATE OR COUNTRY)

FATHER 13. NAME Andy Pippin

FATHER 14. BIRTHPLACE (CITY OR TOWN) South Carolina
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Gouldshy

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Tennessee
 (STATE OR COUNTRY)

17. INFORMANT Henry Pippin
 (ADDRESS) Jewette, Missouri

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Jewette, Mo. DATE Feb. 5, 1941

19. UNDERTAKER none
 (ADDRESS) _____

20. FILED Feb 4 1941 S. C. Slaughter
 Registrar.
Ray E. A. S. Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 4, 1941

22. I HEREBY CERTIFY, That I attended deceased from January 28, 1941 to February 4, 1941

I last saw him alive on January 31, 1941 Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

bronchial Pneumonia

Date of onset

Other contributory causes of importance:

Senility

Name of operation None Date of _____

What test confirmed diagnosis? X Was there an autopsy? X

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? NO Date of injury X, 19____

Where did injury occur? X
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify X

(Signed) [Signature] M. D.
 (Address) Piedmont, Missouri

