

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

Do not use this space.

AUG 31 1937

1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

(No.

28564

File No.

Registered No.

St.

Ward

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OF RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

George A. Pipes.

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

May 14, 1868

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. .... min.

69

0

98

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)

Sullivan Co., Missouri

13. NAME

Thomas William

14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY)

Kentucky

15. MAIDEN NAME

Missouri Kniford

16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY)

Kentucky

17. INFORMANT (ADDRESS)

Ray Pipes, Mrs. Wb.

18. BURIAL, CREMATION, OR REMOVAL

PL. 12-12-12 DATE June 4, 1937

19. UNDERTAKER (ADDRESS)

C. A. Schaefer, Wb.

20. FILED

July 9, 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

June 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from

May 10, 1937 to May 23, 1937

I last saw him alive on May 25, 1937. 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:

Date of onset

apoplexy

Other contributory causes of importance:

Chorea Myocarditis

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)

Reuben H. Becher, D.O.

(Address)

Milam Mo.

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.

