

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

11685

23

1. PLACE OF DEATH
 County Madagascar Registration District No. 621
 Township Greenfield Primary Registration District No. 4372
 City Elmo St. _____ Ward _____

2. FULL NAME Mary Isabel Piper
 (a) Residence No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 21 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 William B Pipes

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 5 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 10 12

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Greenfield
 (STATE OR COUNTRY) Illinois

10. NAME OF FATHER Benjamin Scott

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Lucinda Ruyke

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kentucky
 (STATE OR COUNTRY)

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 17 1929

17. I HEREBY CERTIFY, That I attended deceased from March 5, 1929, to March 17, 1929, that I last saw h. et. alive on March 17, 1929, and that death occurred, on the date stated above, at 11:07 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Uremie
POISONING.

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (SECONDARY) Myocarditis
Influenza (duration) yrs. mos. 12 ds.

18. WHERE WAS DISEASE CONTRACTED? HOME
 IF NOT AT PLACE OF DEATH, _____
 DID AN OPERATION PRECEDE DEATH? NO DATE OF _____
 WAS THERE AN AUTOPSY? NO
 WHAT TEST CONFIRMED DIAGNOSIS? Physical Diagnosis
 (Signed) A. Phipps, M. D.
 ,19 (Address) ELMO MO.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT De Roy Piper
 (Address) Greenfield, Illinois

15. FILED March 18, 1929 Clara D. Han
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Springfield Ill DATE OF BURIAL March 20 1929

20. UNDERTAKER O B Holtor ADDRESS Bradleyville

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be stated EXACTLY. PHYSICIANS should state EXACTLY. AGE should be carefully supplied. N. E.—Every item of information should be stated EXACTLY. PHYSICIANS should state EXACTLY. AGE should be carefully supplied.

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