

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

15359

1. PLACE OF DEATH

County Buchanan Registration District No. 1001
 Township Primary Registration District No.
 City St. Joseph, Missouri (No. Methodist Hospital) St. Ward

File No.
 Registered No. 578

2. FULL NAME David H. Gipe,

(a) Residence, No. St., Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED <u>Married,</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Hattie Gipe.</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 11, 1866</u>				
7. AGE	YEARS <u>63</u>	MONTHS <u>11</u>	DAYS <u>26</u>	IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Real Estate Agent.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self,

9. BIRTHPLACE (CITY OR TOWN)
 (STATE OR COUNTRY) unknown

PARENTS	10. NAME OF FATHER <u>unknown</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>unknown</u> (STATE OR COUNTRY) <u>unknown</u>
	12. MAIDEN NAME OF MOTHER <u>unknown</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>unknown</u> (STATE OR COUNTRY) <u>unknown</u>

14. INFORMANT Heaton Be Gole + Bowman
 (Address) 319 So. 10th.

15. FILED 13 1930
John G. W. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 7th 1930

17. I HEREBY CERTIFY, That I attended deceased from May 1st, 1930, to May 7th, 1930, that I last saw him alive on May 6th, 1930, and that death occurred, on the date stated above, at 5:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Left Jaw
45D
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 45
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRAICTED
 IF NOT AT PLACE OF DEATH.....

1. DID AN OPERATION PRECEDE DEATH? yes DATE OF May 6th 1930

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Zehlein + Clinical
 (Signed) J. Slawey, M. D.
5/14 1930 (Address) 2624 2nd Ave

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL City Cemetery

DATE OF BURIAL May 14 1930

20. UNDERTAKER Heaton Be Gole + Bowman

ADDRESS 319 So. 10th

Funeral Home

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.

WITH ORDINARY INK—THIS IS A PERMANENT RECORD

