

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

Do not use this space.

17103

File No. 128
Registered No. 5
St. _____ Ward _____

1. PLACE OF DEATH

County McDonald Registration District No. 963
Township Elm Mine Primary Registration District No. 6692
City _____ (No. _____) _____ St. _____ Ward _____

2. FULL NAME

Will Dhipps
(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 (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lucie Dhipps</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 16 1863</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>2</u>
	DAYS <u>1</u>	If LESS than 1 day, _____ hrs. or _____ min.
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. <u>own farm</u>	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16 1933
22. I HEREBY CERTIFY, That I attended deceased from May 6 1933 to May 15 1933
I last saw him alive on May 6 1933. Death is said to have occurred on the date stated above, at 1:40 P.M.
The principal cause of death and related causes of importance were as follows:

Old Age
162 162
Other contributory causes of importance:

Date of onset

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bonham Texas</u>
	13. NAME <u>Don't know</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bonham Texas</u>
	15. MAIDEN NAME <u>Murry Beene</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bonham Texas</u>
17. INFORMANT (ADDRESS) <u>Frank Dhipps Hall Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hall Mo.</u> DATE <u>May 17 1933</u>	
19. UNDERTAKER (ADDRESS) <u>Nicholas Boras South West City Mo.</u>	
20. FILED <u>May 23 1933</u> <u>J. L. Minton Registrar.</u>	

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical Was there an autopsy? no.
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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 none
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____ (Signed) J. L. Minton, M. D.
(Address) Hall Missouri

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.

JUN 23 1933

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