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

Do not use this space.

20110

File No. ~~2418~~

Registered No.

1. PLACE OF DEATH

County Jasper — Registration District No. 411

Township Joplin — Primary Registration District No. 2002

City Joplin, Mo. (No. ..... St. ..... Ward)

49 7 5

2. FULL NAME William H. Tipton

(a) Residence, No. 318 Pearl St., ... Ward. (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.

JUL 22 1933

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Wh.

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: No Record

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 25 - 1851

7. AGE: Years 81 — Months 5 — Days 21 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farmer

10. Date deceased last worked at this occupation (month and year): 10 yrs. ago

11. Total time (years) spent in this occupation: 8

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Quincy, Ill.

FATHER

13. NAME: No Record

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No Record

MOTHER

15. MAIDEN NAME: No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No Record

17. INFORMANT (ADDRESS): Mrs. Lizzie Tompson 318 Pearl

18. BURIAL, CREMATION, OR REMOVAL: PLACE Greenwood Cem. DATE June 17, 1933

19. UNDERTAKER (ADDRESS): Frank Pierce Co. Joplin Mo.

20. FILED 6-16, 1933 Ed. Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933, to June 16, 1933

I last saw alive on May 31 - 1933. Death is said to have occurred on the date stated above, at 10 a.m.

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

	Date of onset
Chronic Valvular Heart Disease	6 mo
97.4	
A & A	

Other contributory causes of importance:

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) C. H. Marks, M. D.

(Address) Joplin, Mo.