

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

Do not use this space.

8158

1. PLACE OF DEATH

County Carroll
Township Van Horn
City Bozard mo (No. St. Ward)

Registration District No. 133
Primary Registration District No. 5184

File No.
Registered No. 3

2. FULL NAME

(a) Residence, No. Jeffries Stipes St. Ward.

(Usual place of abode) (If nonresident, give city or town and State)
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.

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>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Catherine Stipes</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 23-1856</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>5</u>
	DAYS <u>13</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.	
	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) <u>Missouri</u>		
FATHER	13. NAME <u>E. Henry Stipes</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
MOTHER	15. MAIDEN NAME <u>Crossen</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
17. INFORMANT <u>John Stipes</u> (ADDRESS) <u>Bozard, mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mount Zion</u> DATE <u>Mar 8 '34</u>		
19. UNDERTAKER <u>E. A. Duckerson</u> (ADDRESS) <u>Bozard, mo</u>		
20. FILED <u>3-7</u> 19 <u>34</u> <u>James Anderson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 6 1934
22. I HEREBY CERTIFY, That I attended deceased from Mar. 6 1934 to Mar. 6 1934
I last saw him alive on Mar. 6 1934 Death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

Distonia
122A
124
122A
124
Other contributory causes of importance:
Strangulated Hernia
Date of onset 2/2-34

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? no
If so, specify
(Signed) A. M. Wooden, M. D.
(Address) Bozard, mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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