WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

NOV 17 1936

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

Do not use this space.

36698

File No. .....
Registered No. 296

1. PLACE OF DEATH
County Boone
Registration District No. 73
Primary Registration District No. 3006
Township .....
City Columbia (No. Boone County Hospital St. ..... Ward)

2. FULL NAME Mina Shipe

(a) Residence, No. 523 Clay St., 1 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 F.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Granville Shipe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-22-1865

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
71	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Missouri

FATHER
13. NAME John Wyatt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Martha Tipton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT J. O. Shipe
(ADDRESS) Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Columbia Cemetery DATE 11-1-36, 19..

19. UNDERTAKER Porter F. Co. (with H.)
(ADDRESS) Columbia, Mo.

20. FILED 10/31/ 1936 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-30, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1936, to 10-30-, 1936
I last saw h~~e~~ alive on 10-30-, 1936. Death is said to have occurred on the date stated above, at 11:45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	10/24/36

Other contributory causes of importance:
Arteriosclerosis

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) E. D. Bartlett, M. D.
(Address) Columbia, Mo.