

JAN 17 1938

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

Do not use this space.

1. PLACE OF DEATH

County Chanton

Registration District No. 176

File No. 45057

21 Township

Primary Registration District No. 5206

Registered No. 6

City

(No.)

St.

Ward

2. FULL NAME

(a) Residence, No. Bynumwell Mo. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16 1937

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

Jasper Gipson

22. I HEREBY CERTIFY, That I attended deceased from

Aug. 8 1937, to Dec 16 1937

I last saw him alive on Dec 16 1937 Death is said

to have occurred on the date stated above, at 3 a. m.

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

Chronic Endocarditis Date of onset 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Jan 25 - 1885

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

52

10

21

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

Retired Housewife

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)

Ill

13. NAME

Harvey Yocum

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ky

15. MAIDEN NAME

Malinda Wilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Indiana

17. INFORMANT

(ADDRESS)

Gipson

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Johnson Cemetery

DATE

12/17 1937

19. UNDERTAKER

(ADDRESS)

Geo. W. Winkelmeyer
Dalsbury Mo.

20. FILED

Dec 16

1937

D. J. Bittler

Registrar.

Other contributory causes of importance:

Name of operation none 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) D. J. Bittler M. D.

(Address) Bynumwell Mo.

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.

