

REGD MAR 23 1939

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

8053  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Texas Registration District No. 865  
 (b) Township Cass Primary Registration District No. 6143 Registered No. 4  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred 70 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
 2. PRINT FULL NAME Millard Fillmore Pipkin  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 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 Nancy Pipkin  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24, 1860  
 7. AGE YEARS 78 MONTHS 9 DAYS 15 If LESS than 1 day, hrs. or min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) Aug. 1937 11. Total time (years) spent in this occupation slight  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Anna Ill  
 FATHER 13. NAME James W. Pipkin  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown  
 MOTHER 15. MAIDEN NAME Sarah Suttor  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown  
 17. INFORMANT (ADDRESS) Robert Pipkin Houston Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Solo Cemetery DATE Feb 10 1939  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Garland P. Elliott Cabool Mo  
 20. FILED 2-13 1939 Robert Pipkin Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 9 1939  
 22. I HEREBY CERTIFY, that I attended deceased from Jan 20 1939 to Feb 9 1939  
 I last saw him alive on Jan 20 1939 Death is said to have occurred on the date stated above, at 4 a m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Interstitial Nephritis  
Senility + Myocarditis  
 Date of onset 121  
 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) W. H. Harrison M. D.  
788 (Address) Houston, Mo

K. 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.

---

---

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**