

1939 MAY 19

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

16312
Do not use this space.

1. PLACE OF DEATH *Standard 2*

(a) County *Stoddard* Registration District No. *834*

(b) Township *Pike* Primary Registration District No. *6097* Registered No. *225*

(c) City..... (d) Street No..... St.

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *Lucy Tippitt*

(a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept. 30, 1869*

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<i>69</i>	<i>7</i>	<i>16</i>	

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

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*

FATHER

13. NAME *John Bostick Jr.*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *not known*

MOTHER

15. MAIDEN NAME *Jemie Wilford*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *not known*

17. INFORMANT *Mack Tippitt* (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE *Wesley Cem. Clinton* DATE *May 18, 1939*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *B. H. Lee Blvd. Co. Bloomfield Mo.*

20. FILED *May 17, 1939* *D. S. McFee* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 16, 1939*

22. ~~HEREIN CERTIFIED~~ That *deceased* attended deceased from *unnatural*, 19....., to....., 19.....

I last saw h..... alive on..... Death is said to have occurred on the date stated above, at.....

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

Cerebral Haemorrhages Date of onset

Other contributory causes of importance: *82h*

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? *No*

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) *John Bostick* M. D.

(Address) *Bloomfield 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.

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 comply with the above constitutes grounds for revocation of license.)

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