SEP 21 1929

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

Do not use this space.

23731

File No.

Registered No. 43

1. PLACE OF DEATH
County Barry
Township Flat Creek
City Near (Washburn) (No. , St. Ward)
Registration District No. 29
Primary Registration District No. 5038

2. FULL NAME Benjamin F. Shipley
(a) Residence. No. (Usual place of abode) St., Ward. (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.

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. WRITE PLAINLY—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	white	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-2-1861

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	6	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Barry Co. Mo.

PARENTS
10. NAME OF FATHER John Shipley
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Tenn
12. MAIDEN NAME OF MOTHER Jane Varner
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Tenn.

14. INFORMANT Claud Shipley
(Address) Washburn Mo.

15. FILED Sept 29 1929 Mrs N. R. Williams REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-1-1929. 19

17. I HEREBY CERTIFY, That I attended deceased from June 1st 29 to 7/1/29 19
that I last saw him alive on 6/25/29 19, and that death occurred, on the date stated above, at 6 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvular disease of heart
324
47
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) arteriosis sclerosis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) L. T. Newman, M. D.
, 19 (Address) Leonard, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Washburn Mo.	7-3-29. 19
20. UNDERTAKER	ADDRESS
Horine Funeral service	Cassville