

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

Do not use this space.

2205
8

File No. _____
Registered No. 387
St. _____ Ward)

1. PLACE OF DEATH

County Morgan
Township Moreau
City Barnett (No. _____)

Registration District No. 597
Primary Registration District No. 5792

2. FULL NAME

William J. Tipton

(a) Residence, No. _____ 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

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 25, 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 9 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer; Retired
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 61

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole Co. Mo

13. NAME Wm Tipton

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

15. MAIDEN NAME Not Known

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

17. INFORMANT Mary Tipton Helms
(ADDRESS) Baldon, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE High Point, Mo DATE 1-21-1931

19. UNDERTAKER N A Gorsus
(ADDRESS) Barnett, Mo

20. FILED 2/10 1931 W J Hether
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19 1931

22. I HEREBY CERTIFY That I attended deceased from Dec 20 1930 to Jan 19 1931

I last saw him alive on Jan 18 1931. Death is said to have occurred on the date stated above, at 3:20 P.M.

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

Bronchial Pneumonia Date of onset 1/17/31

Other contributory causes of importance: Chronic nephritis
Name of operation _____ Date of _____
What test confirmed diagnosis? Chloroform 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?
If so, specify _____
(Signed) G. D. Walker, M. D.
(Address) Baldon Mo

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.

FEB 20 1931

