

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

3530-a

1 PLACE OF DEATH

County Boone
Township Marion
or
Village Lebanon
or
City (NO. St. Ward)

Registration District No. 211 File No. 2

Primary Registration District No. 5291 Registered No.

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Bulah Viola Flippin,

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)

6 DATE OF BIRTH May 15, 1915
(Month) (Day) (Year)

7 AGE 5 yrs. 9 mos. 6 ds. IF LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE (City or town, State or foreign country) Centertown Mo

PARENTS 10 NAME OF FATHER Jack Flippin 11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Mo 12 MAIDEN NAME OF MOTHER Cordelia Miller 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mo

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jack Flippin
(Address) Centertown, Mo.

15 Filed 2/27/21 1921 Joel Smith Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 2 - 21, 1921
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Feb 20, 1921, to Feb 21, 1921 that I last saw him alive on Feb 21, 1921 and that death occurred, on the date stated above, at 10 P.M. The CAUSE OF DEATH* was as follows:

Accidental Burns

181 179 (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) Attobry M. D. 2-22, 1921 (Address) Centertown Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Centertown Cemetery DATE OF BURIAL 2/27, 1921

20 UNDERTAKER Jack Powell ADDRESS Centertown 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.

1 PLACE OF DEATH
County.....
Township.....
or
Village.....
or
City.....

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

Registration District No. File No.
Primary Registration District No. Registered No.
St. Ward)
(NO)
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

3 SEX SINGLE MARRIED WIDOWED DIVORCED
(Write the word)

4 COLOR OR RACE

5 DATE OF BIRTH (Month) (Day) (Year)
....., 1911

7 AGE If LESS than 1 day, hrs. or min.?
..... yrs. mos. ds.

8 OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE
(City or town, State or foreign country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER
(City or town, State or foreign country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER
(City or town, State or foreign country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant)
(Address)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month) (Day) (Year)
....., 1911

17 I HEREBY CERTIFY, that I attended deceased from to 1911
that I last saw h..... alive on 1911
and that death occurred, on the date stated above, at.....m.

The CAUSE OF DEATH* was as follows:

CONTRIBUTORY (Secondary)
(Signed)
(Duration) yrs. mos. ds.
(Duration) yrs. mos. ds.
(Address) M. D.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death..... yrs. mos. ds. In the State..... yrs. mos. ds.
Where was disease contracted if not at place of death?
Former or usual residence.....

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
....., 1911

20 UNDERTAKER ADDRESS

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.