

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

Do not use this space.

7238

1. PLACE OF DEATH

2 County Andrew Registration District No. 11
Township Jackson Primary Registration District No. 3015
City (No.) St. Ward

File No.
Registered No. 6 St. Ward

2. FULL NAME Lillian 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Thomas Tipton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 16 1885</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>2</u>
	DAYS <u>2</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
FATHER	13. NAME <u>Alec. Mann</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind.</u>	
MOTHER	15. MAIDEN NAME <u>Julia Willard</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
17. INFORMANT <u>Thomas Tipton</u> (ADDRESS) <u>Tullmore Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Tullmore Mo</u> DATE <u>Mar. 20 1932</u>		
19. UNDERTAKER <u>G. W. Cole</u> (ADDRESS) <u>Tullmore Mo.</u>		
20. FILED <u>Mar. 19 1932</u> <u>G. W. Cole</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 18 1932

22. I HEREBY CERTIFY, That I attended deceased from March -18 1932 to March -18 1932
I last saw her alive on March 18 1932. Death is said to have occurred on the date stated above, at 1 P. m.
The principal cause of death and related causes of importance were as follows:
Apoplexy
arteriosclerosis
Date of onset

Name of operation none Date of

What test confirmed diagnosis St. Louis Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?

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 M. L. Heciday M. D.
(Signed) Heciday (Address) Tullmore 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.

APR 3 1932

