

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

Do not use this space.

16670

1. PLACE OF DEATH

County *Franklin*

Registration District No. *5-13*

Township

Primary Registration District No. *4306*

City *Meachville* (No. ....)

File No. ....

Registered No. *7-23*

St. .... Ward)

2. FULL NAME *Ida M Shiplett*

(a) Residence No. .... St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. *7* mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (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)

*Widow*

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

*Chorley Shiplett - deceased*

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

*Apr 21-1869*

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, .... hrs. or .... min.
<i>61</i>	<i>1</i>	<i>2</i>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Housewife*  
 (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)

*Coatsburg, Va*

10. NAME OF FATHER

*Alfred K Bailey*

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

*Athens Tenn*

12. MAIDEN NAME OF MOTHER

*Sarah J White*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

*Athens Ala*

14. INFORMANT

*Emma J Bailey*  
(Address) *Meachville Mo*

15. FILED

*7-23, 1930* Registrar *Ed Wess*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *May 23 1930*

17. I HEREBY CERTIFY, That I attended deceased from *3-17*, 19*30*, to *May 23*, 19*30*

that I last saw her alive on *May 23*, 19*30*, and that death occurred, on the date stated above, at *7:30* a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Chronic Prostate Gland*  
*Neplunkis-*

CONTRIBUTORY (SECONDARY) *131 129* 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) *Ed Wess*, M. D.

*5-23, 1930* (Address)

\*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 *Meachville Cemetery* DATE OF BURIAL *5/26 1930*

20. UNDERTAKER *Hunter, Rollins* ADDRESS *Briggsfield*

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.

JUN 26 1930

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