

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

Do not use this space.

7299

**1. PLACE OF DEATH**

County Montgomery  
Township Willow Fork  
City..... (No.....).....

Registration District No. 573  
Primary Registration District No. 457

File No.....  
Registered No. 2  
St..... Ward)

**2. FULL NAME**

Lerina Shipton

(a) Residence. No..... St..... Ward.....  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (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 Alfred Shipton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 29, 1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
84 | 4 | 19

**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) Howard County  
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER David Cherie

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Lerina Murphy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

14. INFORMANT J. H. Carson  
(Address) Fortuna Mo

15. FILED 2-20-29 E. S. Shipton REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-18-1929

17. I HEREBY CERTIFY That I attended deceased from 2-15-1929, to 2-18-1929 that I last saw her alive on 2-16-1929, and that death occurred, on the date stated above, at 4:30 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chronic nephritis  
13 (duration) 4 months 10 days

CONTRIBUTORY (SECONDARY) 13 (duration) 4 months 10 days

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH? no

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? no

(Signed) E. S. Shipton, M. D.

219, 1929 (Address) Fortuna

\*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

New Kirk Cemetery 1-20-1929

20. UNDERTAKER ADDRESS

Jewell E. Richards Lupton Mo  
#2466

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.

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