

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

Do not use this space.

10821
10871
File No. 1281
Registered No. 1281

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Raw Primary Registration District No. 399
 City Kansas City (No. 4409) Terrace St. 8 Ward 8

2. FULL NAME Mrs Martha Alice Thipton
 (a) Residence. No. 4409 Terrace St. 8 Ward 8
 (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 Fe. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 6 - 1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69 4 14

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Home
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Tipton
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Richard Talbott

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Howard Co.
 (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Mary Howard

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Howard Co.
 (STATE OR COUNTRY) Mo.

14. INFORMANT Wm R. Thipton
 (Address) Sulsa Okla.

15. FILED 3/20 29 M. M. Conner REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 20 1929

17. I HEREBY CERTIFY That I attended deceased from Mar 16, 1929, to March 20, 1929 that I last saw h. alive on Mar 19, 1929, and that death occurred, on the date stated above, at 10:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pericerebral Anemia
58W
 (duration) yrs. mos. ds.
 CONTRIBUTORY Senility
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.
 DID AN OPERATION PRECEDE DEATH? no DATE OF no
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Head test.
 (Signed) Walter H. Russell, M. D.
3.20, 1929 (Address) 3232 Summit

*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 Tipton Mo. DATE OF BURIAL 3/21 29

20. UNDERTAKER Caylor Funeral Home ADDRESS K City 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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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Logan 1523,