

DEC'D FEB 15 1939

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

Do not use this space.

3149

1. PLACE OF DEATH

County Monteau
Township Walker
City 415 (No. 1)

Registration District No. 571
Primary Registration District No. 5769

File No. _____
Registered No. 2
St. _____ Ward _____

2. FULL NAME John D. William Flippin

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

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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 14, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) California, Missouri

13. NAME William Duin Flippin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) California, Missouri

15. MAIDEN NAME Bessie Dillon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monteau Co. Missouri

17. INFORMANT Anna Flippin (ADDRESS) California, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Old Tom Cemetery DATE 1-6 1939

19. UNDERTAKER J. W. Wilson & Son (ADDRESS) California, Mo.

20. FILED 1-7-1939 N. M. Popejoy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 5, 1939

22. I HEREBY CERTIFY, that I attended deceased from Jan. 4 1939, to Jan. 5 1939

I last saw him alive on Jan. 5 1939 Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows: Broncho-Pneumonia Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

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 _____

(Signed) H. F. O'Baron, D.O.

504 (Address) California, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

107a

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

3149
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1. PLACE OF DEATH

(a) County Monteau Registration District No. 571
 (b) Township Walker Primary Registration District No. 6769 Registered No. 2
 (c) City..... (d) Street No.....
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

John D. William Flippin
 (a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) s

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-5-1919

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

22. I HEREBY CERTIFY, That I attended deceased from, 19... to, 19...
 I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at..... m.

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

The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 22

Branches Pneumonia Date of onset 10/9/18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

Other contributory causes of importance: None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Name of operation..... Date of.....

FATHER 13. NAME

What test confirmed diagnosis?..... Was there an autopsy?.....

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

MOTHER 15. MAIDEN NAME

Where did injury occur?..... (Specify city or town, county, and State)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS)

Manner of injury.....

18. BURIAL, CREMATION, OR REMOVAL

Nature of injury.....

PLACE..... DATE....., 19.....

19. FUNERAL DIRECTOR (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased?.....

20. FILED....., 19.....

If so, specify

(Signed) K. J. O'Banion, M.D.

(Address) California

Local Registrar.

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY L.S.M. Exact statement of OCCUPATION is very important.

