DEPARTMENT OF COMMERCE
Bureau of the Census

IOWA STATE DEPARTMENT OF HEALTH

Division of Vital Statistics

Certificate of Death

State Office No. 4 -4½- 75

PLACE OF DEATH:

County Appanoose Township Center

City or Town Centerville

(If outside city or town write RURAL NEAR and give town)

Hospital or Institution: Name and Street Address

Length of stay in Hospital or Inst. (yrs., mos. and days) 30 yrs.

This community (yrs., mos. and days)

(Do not include length of stay at usual home)

2. USUAL RESIDENCE (HOME) OF DECEASED:

For newborn infant give residence of mother

(a) State Iowa (b) County Appanoose

(c) City or town 1710 S. 16st.

(If outside city or town limits write RURAL NEAR and give town)

(d) Street No. (If rural give LOCATION)

(e) Citizen of foreign country? (yes or no)

If yes, name of country

3.(b) IF VETERAN, NAME WAR

FULL NAME Thomas Riley Phipps

3.(c) Social Security Account Number none

4. Sex	5. Color or Race	6.(a) Single, married, widowed or divorced
Male	white	Widowed

Name of husband

Wife

6.(c) If alive, give age years

Date of deceased (mo., day, yr.) March 29, 1855

Years	Months	Days	If less than 1 day
87	0	12	hrs. min.

Place Platt, Co. Missouri

(Town, county, and state or foreign country)

Usual Occupation Coal Miner

Industry or business

Name Joseph Phipps

Birthplace Do not know

(City, town or county) (State or foreign country)

Name Do not know

Birthplace Do not know

(City, town or county) (State or foreign country)

Informant's own signature Elmer Phipps

Address 713 E. Elm, Centerville,

Burial (b) Date thereof 4-14-42

Removal, cremation, or removal (specify) (Month) (Day) (Year)

Place of burial or cremation Oakland Cem.

Location Centerville, Ia

(a) Signature Hugh L. Johnson

Centerville, Ia 2675

(b) Address (c) License No.

Signature W. W. Henderson District 4-7

Received April 13-1942 Filed No. 37

13 '42

(OVER)

MEDICAL CERTIFICATION

April 11, 1942 7 p.

20. DATE OF DEATH (Month, WRITE OUT) (Day) 19..., at ... M. (time)

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1 19 41 to April 11 1942 and that I saw ~~him~~ alive on April 11 1942

I further certify that death ~~did~~* did not* occur as the result of accident, homicide, suicide, criminal abortion, acute or chronic poisoning, or in any suspicious or unusual manner, and that it was due to NATURAL CAUSES more fully described in the confidential medical report that accompanies this certificate.

I further certify that death ~~was~~* was not* due to a communicable disease listed in the Rules and Regulations of the Iowa State Department of Health prohibiting public funeral.

1a

*Strike out terms above not applicable.

23.(a) Signature B B Parker M.D.

Iowa licensed (M.D. or other)

(b) Address Centerville, Ia

(c) Date signed April 13, 1942

State Office No. 4 -4½- 75

PHYSICIAN'S CONFIDENTIAL MEDICAL REPORT. After accomplishing this report, it is to be detached by the physician, and mailed directly to the Iowa State Department of Health. This form has been adopted by the Iowa State Department of Health to procure more accurate information as to the cause of death, as many physicians are reluctant in listing venereal disease deaths on a regular standard death certificate form.

Full name of deceased Thomas Riley Phipps

Place of death (a) County Appanoose

(b) City Centerville

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11, 1942 at 7 P.M.

(Month, WRITE OUT) (Day) (time)

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to April 11 1942 and that I saw him alive on April 11 1942

Immediate cause of death Acute Cystitis

DURATION 4-11-4

Due to (Heart)

Due to Senility

Other conditions

(Include pregnancy within 3 months of death)

MAJOR FINDINGS: Of operation

Of autopsy

OPERATION: Date of

PHYSICIAN Please underline the cause to which the death should be ascribed

22. If death was due to external causes, fill in the following:

ACCIDENT SUICIDE OR HOMICIDE

(a) (b) Date of (Accident, suicide or homicide)

(c) Where did injury occur? (City or town) (County) (State)

(d) Injured at home, farm, industry, public place (where?)

(e) Injured at work? (Yes or no)

(f) Means of injury

(g) Nature of injury

23.(a) Signature B B Parker M.D.

Iowa licensed (M.D. or other)

(b) Address Centerville, Ia

(c) Date signed April 1942