MAR 31 1926

State Bo[redacted]

STANDARD [redacted]RTIFICATE OF DEATH

Do not write 5000 in this space

1 PLACE OF DEATH: County Jasper File no- 77-

Township Galena Registered No. 411

or City Joplin, Mo. No. 2002 St.,

(If death occurred in a hospital or institution, give its NAME instead of street and [redacted]

2 FULL NAME Donna Joan Toppana

(a) Residence. No. 1129 Lincoln Baxter Springs Kansas

(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 Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced (write the word) Infant.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept. 28-1925

7 AGE Years ~~[illegible]~~ Months 4 Days 13 If LESS than 1 day, hrs. or min.

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

9 BIRTHPLACE (city or town) Baxter Springs
(State or country) Kansas

PARENTS

10 NAME OF FATHER Walter Toppana

11 BIRTHPLACE OF FATHER
(City or town) Webb City
(State or country) Mo.

12 MAIDEN NAME OF MOTHER Ethel Hall

13 BIRTHPLACE OF MOTHER
(City or town) McCune
(State or country) Kansas

14 Informant Walter Toppana
(Address) Baxter Springs Kans

15 Filed 2-14 1926 A. Benson Clark Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Feb. 11 1926.

17 I HEREBY CERTIFY, That I attended deceased from 2.10.26, 192, to 2.11, 1926,

that I last saw her alive on 2-11, 1926,

and that death occurred, on the date stated above, at 8 am m.

The CAUSE OF DEATH * was as follows:

Mastoid abscess

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Suppurative Meningitis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Baxter Sps Kansas

Did an operation precede death? yes Date of 2-11-26

Was there an autopsy? no

What test confirmed diagnosis? Operation - Spinal puncture

(Signed) [illegible], M. D.

2/11, 1926 (Address) Joplin Mo

* 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. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Hope, Joplin, Mo

DATE OF BURIAL Feb 12 1926

20 UNDERTAKER Porter Clark Jr.

ADDRESS Baxter Sps Kans

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. See instructions on back of certificate.

8—209 d
V. S. No. 98

of Death

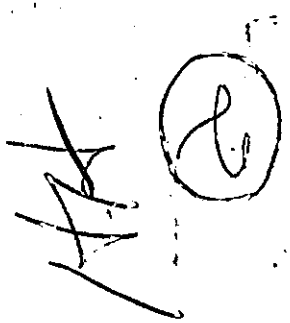
[Approved by U. S. Census and American Public Health Association.]

Statement of occupation.—Precise statement of occu-tion is very important, so that the relative healthful-s of various pursuits can be known. The question plies to each and every person, irrespective of age. For any occupations a single word or term on the first line ll be sufficient, e. g., *Farmer* or *Planter, Physician, ompositor, Architect, Locomotive engineer, Civil engi-er, Stationary fireman*, etc. But in many cases, es-cially in industrial employments, it is necessary to ow (*a*) the kind of work and also (*b*) the nature of the siness or industry, and therefore an additional line is vided for the latter statement; it should be used only en needed. As examples: (*a*) *Spinner*, (*b*) *Cotton ll*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *tomobile factory*. The material worked on may form rt of the second statement. Never return "Laborer," oreman," "Manager," "Dealer," etc., without more pre-e specification, as *Day laborer, Farm laborer, Laborer Coal mine*, etc. Women at home, who are engaged in e duties of the household only (not paid *Housekeepers* o receive a definite salary), may be entered as *House-wife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... .....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death:—Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



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