

FEB 24 1928

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

1 PLACE OF DEATH

County Oregon  
Township Jolly  
or  
Village  
or  
City (NO. St. Ward)

Registration District No. 635 File No. 7 5799  
Primary Registration District No. 543 Registered No. 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Virgia M Cypress

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE wh 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Married  
6 DATE OF BIRTH Feb 14 1877  
(Month) (Day) (Year)  
7 AGE 37 If LESS than 1 day.....hrs. or.....min.?  
yrs. mos. ds.

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

9 BIRTHPLACE (City or town, State or foreign country) Oregon Co

PARENTS  
10 NAME OF FATHER William Bell  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Oregon Co Mo  
12 MAIDEN NAME OF MOTHER Rosellie Taylor  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Oregon

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Waymon Cypress  
(Address) Myrtle R. Mo

15 Filed Feb 14 1928 H. Wolburn  
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 11 1928  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Jan 16 1928 to Feb 11 1928 that I last saw her alive on Feb 10 1928 and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH\* was as follows:

130  
acute Nephritis  
(Duration) about one mo. ds.

CONTRIBUTORY (Secondary) unknown  
(Duration) yrs. mos. ds.

(Signed) Her N. R. Phillips M. D.  
Feb 11 1928 (Address) Myrtle Mo.

\*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was disease contracted if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL OR REMOVAL Jacob Cemetery DATE OF BURIAL Feb 12 1928  
20 UNDERTAKER ADDRESS Myrtle Mo R 1

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.

MISSOURI STATE BOARD OF HEALTH

# Revised United States Standard Certificate of Death

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

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, 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, 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; Whooping cough; Chronic valvular heart disease; 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," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "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.)

**MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County..... Oregon ..... Registration District No. 625 ..... File No. 6  
 Township..... Jay ..... Primary Registration District No. 5825 ..... Registered No. ....  
 City..... (No. ....) ..... St. .... Ward.....

**2. FULL NAME**

..... Virginia M. Cyprett .....  
 (a) Residence. No. .... St. .... Ward. ....  
 (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 F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED M.  
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) December 15 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hr. or min.  
38 10 26

**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) Oregon  
 (STATE OR COUNTRY)

10. NAME OF FATHER William Bell

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

12. MAIDEN NAME OF MOTHER Isabella Taylor

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

14. INFORMANT Husband of deceased  
 (Address)

15. FILED..... 19 Feb 11 28 REGISTRAR H. W. Clark

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 11 19 28

17. I HEREBY CERTIFY That I attended deceased from ..... 19.....  
 that I last saw h..... alive on ..... 19....., and that death occurred, on the date stated above..... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY) .....

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed)....., M. D.

, 19 (Address)

\*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

Jake Mo 19

20. UNDERTAKER ADDRESS

INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGES SHOULD BE CAREFULLY CLASSIFIED. FATHER'S STATEMENT OF OCCUPATION IS VERY IMPORTANT. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

SUPPLEMENTARY

