PR 30 1928

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

Do not use this space.

12006

1. PLACE OF DEATH

County Vernon — Registration District No. 875 — File No.

Township — Primary Registration District No. 3039 — Registered No. 63

City Nevada (No. ... St. ... Ward)

2. FULL NAME Charles G. Whipple

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 24-1849

7. AGE: Years 78 — Months 9 — Days 45 — If LESS than 1 day, ... hrs. or ... min.

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

9. BIRTHPLACE (CITY OR TOWN): D. K.
(STATE OR COUNTRY): Illinois

PARENTS

10. NAME OF FATHER: Samuel E. Whipple
11. BIRTHPLACE OF FATHER (CITY OR TOWN): D. K.
(STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Mary Pease
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): D. K.
(STATE OR COUNTRY): Unknown

14. INFORMANT: C. C. Whipple
(Address): Niobrara Neb

15. FILED 4-2 1928 E. R. Kiee
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar 29th 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar 12th, 1928, to Mar 29th, 1928 that I last saw ~~him~~ alive on Mar 29th, 1928, and that death occurred, on the date stated above, at 7:45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Pectoris 94A
89 102
(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY): Hypertension
(duration) 2 yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Nebraska
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) L. D. La Hire, M. D
3-31, 1928 (Address) 206 S Hat St Nevada, 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Niobrara, Neb. — DATE OF BURIAL: Mar 31 1928

20. UNDERTAKER: J. Allen V Hays, Nevada Mo — ADDRESS

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.