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

Do not use this space.

21864

1. PLACE OF DEATH

County St. Louis — Registration District No. 791 — File No. 5983

Township — Primary Registration District No. 1903 — Registered No.

City St. Louis (No. Baptist Hospital St. Ward)

2. FULL NAME John N. Whipple

(a) Residence. No. 4320 Washington St., 19 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Widow |

6a. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Addie Putnam Whipple

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 10 - 1852

| 7. AGE — YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 76 | 1 | 23. | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Union

(STATE OR COUNTRY) Conn.

PARENTS

10. NAME OF FATHER Samuel A. Whipple

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Vermont.

12. MAIDEN NAME OF MOTHER Hannah D. Hoock

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Connecticut

14. INFORMANT Mrs. J. Merrill

(Address) 4320 Washington

15. FILED JUN 1 1928 Mary C. Harden REGISTRAR

## 3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 3rd 1928

17. I HEREBY CERTIFY, That I attended deceased from May 22nd, 1928, to June 3rd, 1928, that I last saw h. alive on June 2nd, 1928, and that death occurred, on the date stated above, at 5:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremia (chronic)

I 2 7

I 2 5 P

I 3 3 B (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Prostatic hypertrophy

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED 135

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? Yes DATE OF May 23rd 1928

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Cystotomy

(Signed) Walter E. Bailey D.O., M.D

, 19 (Address) 245 Frisco Bldg.

*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 |
|---|---|
| Rutland Illinois | June 4 1928 |

20. UNDERTAKER C. R. Lupton — ADDRESS 1049 Olive

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.