

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

Do not use this space.

40960

5341

1. PLACE OF DEATH

County Jackson
Township Staw
City James City

Registration District No. 399
Primary Registration District No. 1002
Old City Hosp

File No. _____
Registered No. _____
St. _____ (Ward)

2. FULL NAME

(a) Residence. No. 15-26 Virginia St., 2 Ward.

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Separated

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE of _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 12 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
42 6 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laundress
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Maltabend
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Henry Whipp

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

12. MAIDEN NAME OF MOTHER Cigues Gans

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

14. INFORMANT Merrie Walker
(Address) 15-29 Virginia

15. FILED 12-22-28 M.M. Crowl
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-21 1928

I HEREBY CERTIFY, That I attended deceased from Dec 17 1928 to Dec 21 1928
that I last saw her alive on Dec 21 1928, and that death occurred, on the date stated above, at 4:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Myocarditis
131
9.13
92A (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Cardiac Decompensation
Senile Nephritis (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED at home
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Lab. & Physical
(Signed) W. M. Smith, M. D.

21 1928 (Address) Grand Hosp. # 2

*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 Maltabend Mo DATE OF BURIAL 12-23 1928

20. UNDERTAKER Wm Appleton Jones ADDRESS 1600 E 19th

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.

WHILE EXAMINING THIS IS A PERMANENT RECORD

