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

Do not use this space.

10513

1. PLACE OF DEATH
County: Jackson
Township: Blue
City: Independence Mo (No. ..... St. ..... Ward)
Registration District No. 398
Primary Registration District No. 5554
File No. .....
Registered No. 116

2. FULL NAME: William Good Whipple
(a) Residence. No. 1940 Howard Ave. St., Independence Mo
(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: Wh.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married.
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Alma Zillig Whipple
6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 1 - 1872
7. AGE: Years 57 | Months 22 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): "
(c) Name of employer: "
9. BIRTHPLACE (CITY OR TOWN): Sandwich
(STATE OR COUNTRY): Ill.

PARENTS
10. NAME OF FATHER: Dont Know.
11. BIRTHPLACE OF FATHER (CITY OR TOWN): "
(STATE OR COUNTRY): "
12. MAIDEN NAME OF MOTHER: Mr A. Z. Halch
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Peru
(STATE OR COUNTRY): Kansas
14. INFORMANT: Mr. C. W. Whipple.
(Address): 1940. Howard ave
15. FILED: 3-23, 19 29 F. L. Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3/22 1929
17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19....., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Cardiac Dilatation
13 Chronic Myocarditis
9 mo (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Cardiac Hypertrophy
..... (duration) ..... yrs. ..... mos. ..... ds.
18. WHERE WAS DISEASE CONTRACTED? ....
IF NOT AT PLACE OF DEATH? ....
DID AN OPERATION PRECEDE DEATH? no DATE OF? ....
WAS THERE AN AUTOPSY? ....
WHAT TEST CONFIRMED DIAGNOSIS? ....
(Signed) O. Geeringer, M. D.
3/23, 1929 (Address) Independence 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: Mt Wash Cem — DATE OF BURIAL: Mar 25 1929
20. UNDERTAKER: Ott & Mitchell — ADDRESS: Indep Mo.