

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

Do not use this space.

40280

1. PLACE OF DEATH

49 County Jasper Registration District No. 415
Township Sarcosis Primary Registration District No. 5571A
City Route 3 Reeds, Mo. (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Margie Whisner
(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) _____

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	14	2	29	

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

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

10. NAME OF FATHER Volla Whisner

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

12. MAIDEN NAME OF MOTHER Lena Palmer

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

14. INFORMANT Volla Whisner
(Address) Route 3 Reeds, Mo.

15. FILED 12/24 1932 Les T. Bragdon
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 23 1932

17. I HEREBY CERTIFY, That I attended deceased from Dec 17 1932, to Dec 22 1932, that I last saw her alive on Dec 19 1932, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

11A
Influenza
(duration) _____ yrs. _____ mos. 3 ds.

CONTRIBUTORY (SECONDARY) BronchoPneumonia
(duration) _____ yrs. _____ mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED at Home
NOT AT PLACE OF DEATH at Home

19. DID AN OPERATION PRECEDE DEATH? No. DATE OF _____
WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Lab.
(Signed) Les T. Bragdon, M. D.
12/23, 1932 (Address) Reeds 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 Harvey Cemetery DATE OF BURIAL Dec 25 1932

20. UNDERTAKER Knell Mortuary ADDRESS Carthage Mo

Exact statement of OCCUPATION is very important.

JAN 24 1933

PARENTS



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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Jasper Registration District No. 415 File No. _____
 Township Saline Primary Registration District No. 5571a Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Maryne Whisner

(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23, 1932

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

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 24, 1918

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the _____ stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
14 9 29

The principal cause of death and related causes of importance were as follows:

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____
 11. Total time (years) spent in this occupation _____

Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

MOTHER FATHER
 13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED 12/24 1932 Geo. L. Bragdon Registrar

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____
 (Signed) _____, M. D.
 (Address) _____

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.
 CRUISE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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