

**BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

MAY 25 1934

**1. PLACE OF DEATH.**

County Wash Registration District No. 947 File No. 12678  
 Township Winston Primary Registration District No. 1572 Registered No. 777  
 City (No. ....) St. .... Ward (No. ....)

**2. FULL NAME**

Effie May 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 57 yrs. 8 mos. 26 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 13 1934

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Burgess Whipple

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 7:07 A m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 19-1876  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
57 8 26

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Accidental  
Drowning

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

CONTRIBUTORY (SECONDARY) (duration) .... yrs. .... mos. .... ds.

9. BIRTHPLACE (CITY OR TOWN) Oregon  
 (STATE OR COUNTRY) U.S.

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

10. NAME OF FATHER Burgess Mc Grath

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

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

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) Craig 4/16, 1934 (Address) Coroner's Office

12. MAIDEN NAME OF MOTHER Emma Biles

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Issac Calif  
 (STATE OR COUNTRY) U.S.

\*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. (See reverse side for additional space.) Accidental

14. INFORMANT Mrs Ralph Whipple  
 (Address) Winston

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Winston County DATE OF BURIAL Apr 17 1934

15. FILED April 17 1934 J C Tracey REGISTERER

20. UNDERTAKER Reard ADDRESS Winston

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supported. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE is very important.

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association.]

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework* or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None*.

**Statement of cause of Death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." Refer to the Committee on Nomenclature of Medical Association.)

NOTE.—Individual offices may add to acceptable terms and refuse to accept certificates. Thus the form in use in New York City shall be returned for additional information the following diseases, without explanation, of death: *Abortion*, *cellulitis*, *childbirth*, *cr*, *rhage*, *gangrene*, *gastritis*, *erysipelas*, *men*, *necrosis*, *peritonitis*, *phlebitis*, *pyemia*, *sep*. But general adoption of the minimum list suggests vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS  
BY PHYSICIAN.

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Holt  
Township Minatare  
City                      (No.                      St.                      Ward)                     

Registration District No. 947  
Primary Registration District No. 255-12

File No.                       
Registered No.                     

**2. FULL NAME**

Effie May Whipple  
(a) Residence, No.                      St.                      Ward.                       
(Usual place of abode)

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

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.

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                     

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

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 June 8 1934 J. O. Tracy Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15, 1934

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

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

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

Accidental drowning in the river at Pauls Nebraska on the west side. While in the boat for some unknown years the car started in reverse. Broke the gear fence. backed off & back into the river.      Date of onset 17.

Name of operation 213      Date of                       
What test confirmed diagnosis?                           Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?                           Date of injury Apr 15, 1934

Where did injury occur? Pauls Neb. near mo side (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.                     

Manner of injury                       
Nature of injury                     

24. Was disease or injury in any way related to occupation of deceased?                       
If so, specify                     

(Signed) J. O. Tracy M. D.  
(Address)                     

SUPPLEMENTARY

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S "Cause of Death" is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

849e1-5