

JUL 28 1926

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

Do not use this space.

19966

1. PLACE OF DEATH

County Lawrence  
Township Wm  
City Warren mo

Registration District No. 470  
Primary Registration District No. 498.3

File No. \_\_\_\_\_  
Registered No. 142  
St. \_\_\_\_\_ Word \_\_\_\_\_

2. FULL NAME

Mary Barbara Whaley

(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 19 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) HUSBAND OF (OR) WIFE OF James D Whaley 1857

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 29 - 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
69 ✓ 8 A

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

9. BIRTHPLACE (CITY OR TOWN) Bedford Mass  
(STATE OR COUNTRY) Illinois

10. NAME OF FATHER John Hardy

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

12. MAIDEN NAME OF MOTHER Kathryn Morganthaler  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY) Alsace Lorraine

14. INFORMANT John A. Belmont  
(Address) Warren mo

15. FILED July 20 1926 W. F. Frelton  
REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 3 1926

17. I HEREBY CERTIFY, That I attended deceased from Chel. 1925, to June 3 1926, and that I last saw h. et. alive on June 3 1926, and that death occurred, on the date stated above, at 8 37 am.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Sudden rupture of apparently the transverse arch of the aorta, copious haemorrhage occurring in the branches following effort (duration) \_\_\_\_\_  
CONTRIBUTORY To aortic aneurysm.  
(SECONDARY) (duration) One yrs. 6 mos. 7 da.

18. WHERE THE DISEASE CONTRACTED IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical for some m  
(Signed) Dr. M. R. Maxwell M.D.  
, 19 (Address)

\*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.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL 1007 Cemetary DATE OF BURIAL June 4 1926

20. UNDERTAKER Geo B Orr ADDRESS Warren mo

# 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 neoplasm); *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." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

**NOTE.**—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work 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 Lawrence Registration District No. 470 File No. 19966  
 Township          Primary Registration District No. 4283 Registered No. 142  
 City Wm. Vernon (No.         ) St.          Ward         

**2. FULL NAME**

(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. da. How long in U.S., if of foreign birth yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX P 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) Aug 29 - 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
68 - 9 4

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work          (duration) yrs. mos. da.  
 (b) General nature of industry, business, or establishment in which employed (or employer)           
 (c) Name of employer         

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

PARENTS

10. NAME OF FATHER           
 11. BIRTHPLACE OF FATHER (CITY OR TOWN)           
 (STATE OR COUNTRY)           
 12. MAIDEN NAME OF MOTHER           
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)           
 (STATE OR COUNTRY)         

14. INFORMANT           
 (Address)           
         FILED 90 1926 W. J. Farrell  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 3 1926

17. I HEREBY CERTIFY That I attended deceased from          19          
         to          19        , and that  
 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:

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

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

DID AN OPERATION PRECEDE DEATH?          DATE OF         

WAS THERE AN AUTOPSY?         

WHAT TEST CONFIRMED DIAGNOSIS?         

(Signed)         , M. D.

, 19          (Address)

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19. PLACE OF BURIAL, CREMATION, OR REMOVAL          DATE OF BURIAL         

20. UNDERTAKER          ADDRESS         

SUPPLEMENTARY

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