

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

Do not use this space.

30210

1. PLACE OF DEATH <sup>SEP 27 1936</sup>  
 County Cass Registration District No. 147 File No. \_\_\_\_\_  
 Township Harrison Primary Registration District No. 5310 Registered No. \_\_\_\_\_  
 City Harrisonville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mary Ann 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>			
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Eugene Whipple</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 27, 1863</u>					
7. AGE	YEARS <u>73</u>	MONTHS <u>6</u>	DAYS <u>16</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>				
	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) <u>Hogan Co. Ill.</u>					
FATHER	13. NAME <u>Ovin Stone</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>				
MOTHER	15. MAIDEN NAME <u>Jane Baker</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>				
17. INFORMANT <u>Eugene Whipple</u> (ADDRESS) <u>Harrisonville, Mo.</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Peoria, Mo.</u> DATE <u>Aug 15, 1936</u>					
19. UNDERTAKER <u>H. Kinsed &amp; Eastell</u> (ADDRESS) <u>Frederic, Mo.</u>					
20. FILED <u>Aug 15, 1936</u> <u>Mrs. Dora Adams</u> Registrar.					

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1936 to Aug 13, 1936  
 I last saw her alive on Aug 13, 1936. Death is said to have occurred on the date stated above, at 6:15 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Acute Pericarditis Date of onset 8/12/36

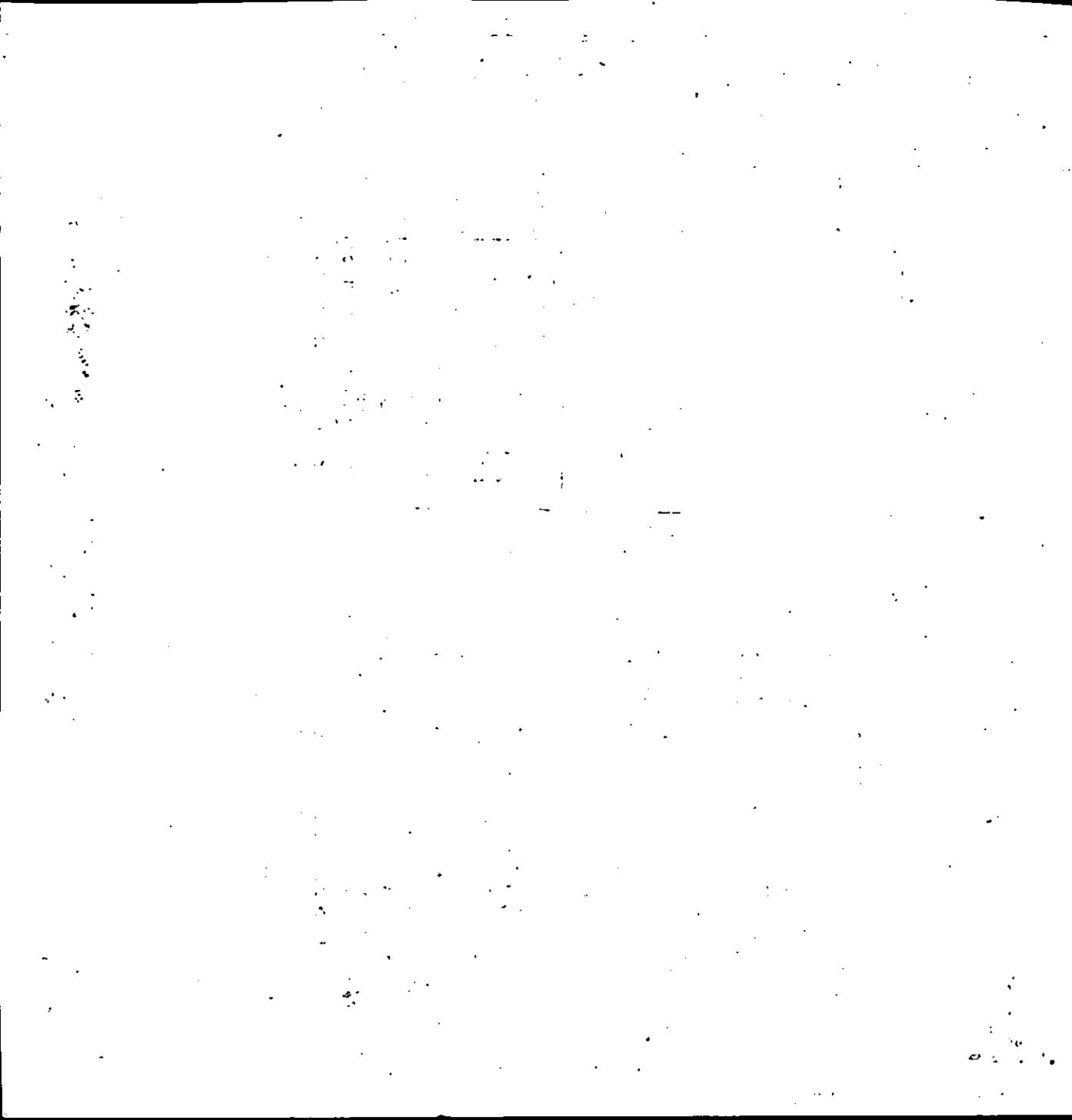
Other contributory causes of importance:  
Acute Parenchymatous Nephritis  
Last of May

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (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) B. B. Faust, M. D.  
 (Address) Archie, Mo.



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CERTIFICATE OF DEATH**

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**1. PLACE OF DEATH**

County Cass  
Township Austin  
City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

Registration District No. 147  
Primary Registration District No. 5310

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME**

Mary Ann 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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. 73

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 Aug 15, 1936 Mrs. Doris Redair Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 13 19 36

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

I last saw him/her 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:

Acute pericarditis Date of onset 8/12/36

Other contributory causes of importance:  
Acute parenchymatous nephritis - (Unknown cause)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (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) B. B. Jout, M. D.

(Address) Archie, Mo

9-30210