

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

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

PLACE OF DEATH
County Samuel
Township De Witt
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 134

File No. 38844

Primary Registration District No. 5194

Registered No. 10

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Wimpey

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR OR RACE W SINGLE ☒ MARRIED ☐ WIDOWED ☐ OR DIVORCED ☐ (If give the word)
DATE OF BIRTH Dec. 13, 1913
(Month) (Day) (Year)
AGE 16 years If LESS than 1 day, _____ hrs. or _____ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE
(City or town, State or foreign country) De Witt Mo.

PARENTS
NAME OF FATHER John Eugene Wimpey
BIRTHPLACE OF FATHER Carroll Co. Mo.
(City or town, State or foreign country)
MAIDEN NAME OF MOTHER Nancy S. Darr
BIRTHPLACE OF MOTHER Samuel Co. Mo.
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. E. Thompson
(ADDRESS) De Witt Mo.

Filed Dec 24 1913 J. P. Logan
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 14, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 191____, to _____, 191____, that I last saw him alive on Dec. 13, 1913, and that death occurred, on the date stated above, at 4 P. m. The CAUSE OF DEATH* was as follows:
Transition

1570
15 (Duration) _____ yrs. _____ mos. _____ ds.
Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) Frank E. Thompson M. D.
12-14, 1913 (Address) De Witt Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death?

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

De Witt, Mo.

12-14, 1913

UNDERTAKER

ADDRESS

W. Chellman Bros

De Witt, 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, Compositor, 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—

cond state-
Manager,"

on, as Day

Women

household

ceive a definite salary),

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," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "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.)

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PLACE OF DEATH			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		
County	<i>Camoll</i>	REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.	Registration District No.	<i>136</i>	File No.
Township	<i>Dwitt</i>	Primary Registration District No.	<i>5194</i>	Registered No.	<i>16</i>
City		(NO. St. Ward)			
FULL NAME <i>Unnamed Infancy</i>					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX	<i>M</i>	COLOR OR RACE	<i>W</i>	SINGLE	<i>S</i>
DATE OF BIRTH			DATE OF DEATH		
<i>Dec 13, 1913</i>			<i>Dec 14, 1913</i>		
AGE			HEREBY CERTIFY, that I attended deceased from		
<i>16, born</i>			<i>17/13</i>		
OCCUPATION			and that death occurred, on the date stated above, at <i>4 A</i> m.		
(a) Trade, profession, or particular kind of work			The CAUSE OF DEATH* was as follows:		
(b) General nature of industry, business, or establishment in which employed (or employer)			<i>Mania</i>		
BIRTHPLACE			<i>Voluntarily</i>		
(City or town, State or foreign country)			(Duration) yrs. mos. ds.		
PARENTS	NAME OF FATHER	<i>John, C. Thompson</i>	Contributory		
	BIRTHPLACE OF FATHER	<i>Winnipeg</i>	(SECONDARY)		
	MAIDEN NAME OF MOTHER	<i>Mrs. S. Darr</i>	(Duration) yrs. mos. ds.		
	BIRTHPLACE OF MOTHER	<i>Camoll, Co. Mo</i>	(Signed) <i>Frank E. Thompson</i> M. D.		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			(Address) <i>Dwitt Mo</i>		
(Informant) <i>Dr. F. E. Thompson</i>			*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
(ADDRESS) <i>Dwitt Mo</i>			LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
Filed <i>Jan 9, 1914</i>			At place of death yrs. mos. ds. In the State yrs. mos. ds.		
REGISTRAR <i>John P. Pogue</i>			Where was disease contracted if not at place of death?		
Original file, date <i>DEC 1913</i>			Former or usual residence		
			PLACE OF BURIAL OR REMOVAL		
			<i>Dwitt, Mo</i>		
			DATE OF BURIAL		
			<i>12/14/13</i>		
			UNDERTAKER		
			<i>W. L. L. Bros</i>		
			ADDRESS		
			<i>Dwitt, Mo</i>		

Revised United States Standard Certificate of Death

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

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