

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

PLACE OF DEATH

County Jackson
Township _____
or
Village _____
or
City Kans City (NO. 2001 Mercer)

Registration District No. 399 File No. 41394
Primary Registration District No. 1002 Registered No. 3850
St. _____ Ward _____

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

FULL NAME Ella Ripple

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX <u>Female</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED <u>widow</u> WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH <u>Feb. 28</u> , 18 <u>69</u> (Month) (Day) (Year)		
AGE <u>42 yrs. 9 mos. 6 ds.</u>		IF LESS than 1 day, ____ hrs. or ____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>House wife</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
BIRTHPLACE (City or town, State or foreign country) <u>Mo. 9-0</u>		
PARENTS	NAME OF FATHER <u>John Smith</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Mo.</u>	
	MAIDEN NAME OF MOTHER <u>Dont know</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Dont know</u>	

DATE OF DEATH Dec 4, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept 17, 1911, to Dec 4, 1911, that I last saw her alive on Nov 29, 1911, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
V. & B.
Definite (Duration) 1 yrs. 18 mos. 0 ds.

Contributory (SECONDARY)
(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) Hugh Hamilton M. D.
Dec 5, 1911 (Address) 1800 E 31st

* 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 _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Vonna Ripple
(ADDRESS) 2001 Mercer
DEC 5 1911 W.S. Wheeler
Filed _____ 1911 REGISTRAR

PLACE OF BURIAL OR REMOVAL <u>Argentine</u>	DATE OF BURIAL <u>Dec 6</u> , 19 <u>11</u>
UNDERTAKER <u>Daniels Bro</u>	ADDRESS <u>644 Kans Ave</u>

KCK

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.

