

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

PLACE OF DEATH  
County Buchanan,  
Township Washington, Registration District No. 86 File No. 7598  
or  
Village \_\_\_\_\_ Primary Registration District No. 5127 Registered No. 13  
or  
City St. Joseph (NO. St. Crispin's Seminary St.; \_\_\_\_\_ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME William David Rippey

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Widowed  
(Write the word)

DATE OF BIRTH September 29, 1833  
(Month) (Day) (Year)

AGE 81 yrs. 5 mos. 3 ds. IF LESS than 1 day, \_\_\_\_\_ hrs or \_\_\_\_\_ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Retired farmer  
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (City or town, State or foreign country) Indiana

PARENTS  
NAME OF FATHER Matthew Rippey  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Unknown  
MAIDEN NAME OF MOTHER Jane Montgomery  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Unknown

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Dr. Herbert P. Lee  
(ADDRESS) St. Joseph, Mo.

Filed Mar 5, 1915 G. G. Danstach REGISTRAR  
St. Joseph, Mo.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 2nd, 1915  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 14, 1914, to March 2, 1915, that I last saw him alive on March 2, 1915, and that death occurred, on the date stated above, at 10 P. M.

The CAUSE OF DEATH\* was as follows:  
Pericarditis

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 2 ds. 5 hrs.

Contributory Senility  
(SECONDARY) (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) Herbert P. Lee M. D.  
March 2, 1915 (Address) St. Joseph, 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 Severance, Kansas

PLACE OF BURIAL OR REMOVAL Severance, Kansas DATE OF BURIAL March 6th, 1915  
HEATON-BEGGILL UND. CO. ADDRESS 224 So. 8th St.  
By J. W. Kaul

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

PLACE OF DEATH

*Duchess*  
*Washington*

REGISTRARS SHALL NOT RE-  
CEIVE A FEE FOR CERTIFICATES  
UNTIL THEY ARE COMPLETED AS  
PRESCRIBED BY LAW.

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

County

Township

Village

City

Registration District No. *86*

Primary Registration District No. *5127*

File No.

Registered No. *13*

(NO.)

St.

Ward

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

FULL NAME

*William David Rippey*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX *M* COLOR OR RACE *W.* SINGLE *W.* MARRIED *W.* WIDOWED OR DIVORCED  
(Write the word)

DATE OF DEATH *Feb. 2*, 19*15*  
(Month) (Day) (Year)

DATE OF BIRTH *Satisfactory Information Supplied*  
(Month) (Day) (Year)

HEREBY CERTIFY, that I attended deceased from  
*Satisfactory Information Supplied*, 191*5*,  
that I last saw h. *alive on* *Satisfactory Information Supplied*, 191*5*,

AGE *Satisfactory Information Supplied*  
If LESS than  
day, hrs. or min.

and that death occurred, on the date stated above, at  
The CAUSE OF DEATH\* was as follows:

OCCUPATION  
(a) Trade, profession, or particular kind of work  
(b) General nature of industry, business, or establishment in which employed (or employer)

*Pericarditis (acute)*

BIRTHPLACE  
(City or town, State or foreign country)

(Duration) yrs. mos. ds.

PARENTS  
NAME OF FATHER  
BIRTHPLACE OF FATHER  
(City or town, State or foreign country)  
MAIDEN NAME OF MOTHER  
BIRTHPLACE OF MOTHER  
(City or town, State or foreign country)

Contributory (SECONDARY) *Senility*  
(Duration) yrs. mos. ds.  
(Signed) *Herbert Lee* M. D.  
*3/2* 191*5* (Address) *St. Joseph, Mo.*

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) *Satisfactory Information Supplied*  
(ADDRESS)

\*State the Disease Causing Death, or, if death 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 191*5*

Filed *May 29* 191*5* *Annie George* REGISTRAR

UNDERTAKER ADDRESS

MAR 5-1915

Original file, date

All information called for must be written on this Supplementary Certificate.

of information who is...  
of DEATH in plain form, so that it...  
AGE...  
properly classified, Exat. (document of O)

SUPPLEMENTARY CERTIFICATE

Satisfactory Information Supplied

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