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

Do not use this space.

17232

1. PLACE OF DEATH
County [illegible] Registration District No. 811
Township [illegible] Primary Registration District No. 6059
City ..... (No. ..... St. ..... Ward)

File No. .....
Registered No. 3

2. FULL NAME Mary Jane Rippendam
(a) Residence. No. ..... Rutledge, Mo 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Manford Rippendam

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 21-1860

7. AGE: Years 66 | Months 3 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Keeper
(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) Harrison Co. Ind.

PARENTS
10. NAME OF FATHER: Issac Purcell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Indiana
12. MAIDEN NAME OF MOTHER: R. Martin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Indiana

14. INFORMANT: Myrtle Rippendam
(Address) Rutledge, Mo

15. FILED 5/23 1927 J. Burkhart
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 11th 1927

17. I HEREBY CERTIFY, That I attended deceased from May 11, 1927, to May 11, 1927, that I last saw her alive on May 11, 1927, and that death occurred, on the date stated above, at 1:00 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Cardiac Dilitation
112
95B 105
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Asthma
(duration) 2 yrs. — mos. — ds.

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) E. E. Symmonds D.O.
, 19 (Address) Greensburg Mo

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Rutledge Cemetery
DATE OF BURIAL: May 13 1927

20. UNDERTAKER: Gerth & Baskett
ADDRESS: Gorin, Mo

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.

JUN 30 1927