

JAN 24 1929

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

Do not use this space.

1. PLACE OF DEATH

County Marion Registration District No. 677
Township Marion Primary Registration District No. 5739
City Hannibal (No.) (Name Marion)

File No. 41697
Registered No. 347
St. Ward

2. FULL NAME

Therisia Rachel Rupp
(a) Residence. No. Marion Co. 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Rupp
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 5, 1846
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 82 3 18

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Home Keeper
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Adams Co
(STATE OR COUNTRY) Ill.

10. NAME OF FATHER Bartholme
11. BIRTHPLACE OF FATHER (CITY OR TOWN) German
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Dorthea Stromenger
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) German
(STATE OR COUNTRY)

14. INFORMANT Mr. Ed. Rupp
(Address) Marion Co Hannibal

15. FILED 12/26 1928 C. E. Stork
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-23-1928
17. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1928, to Dec 23, 1928, that I last saw him alive on Dec 23, 1928, and that death occurred, on the date stated above, at 4:29 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
acute dilatation of heart
organic heart lesion
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY)
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? general appearance
(Signed) A. L. Tharbo, M. D.
(Address) Hannibal

*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 St. Boniface Cemetery DATE OF BURIAL Dec 26 1928

20. UNDERTAKER James O'Donnell ADDRESS Hannibal

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.

