

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

Do not use this space.

104

1. PLACE OF DEATH
 County Barnes Registration District No. 37
 Township East Warren Primary Registration District No. 6241
 City (No. St. Ward)

2. FULL NAME Raymond S. Rupe
 (a) Residence. No. Washington, RFD. 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 Male 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 Mrs R.S. Rupe

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 10th 1877

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>51</u>	<u>2</u>	<u>10</u>	

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

9. BIRTHPLACE (CITY OR TOWN) Coffeyburg, Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Jose W. Rupe

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo. Known
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Alice Strickley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.
 (STATE OR COUNTRY)

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-20, 1929

17. I HEREBY CERTIFY, That I attended deceased from 1-19, 1929, to 1-20, 1929 that I last saw him alive on 1-19, 1929, and that death occurred, on the date stated above, at 12:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia (bronchial)

CONTRIBUTORY (SECONDARY) influenza
 (duration) 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? Clinical
 (Signed) J. H. Thomas, M. D.
 , 19 (Address) Leasville, 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 Richman Ave DATE OF BURIAL Jan 21 1929

20. UNDERTAKER Newberry ADDRESS Richman

14. INFORMANT Wife
 (Address)

15. FILED 1/21 1929 J. S. G. [unclear]
 REGISTRAR

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.

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