

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

Do not use this space.

28582

1. PLACE OF DEATH
 County Chaffee Registration District No. 678
 Township _____ Primary Registration District No. 4404
 City St James (Name) _____ St. _____ Ward _____

2. FULL NAME Edward M Rupton
 (a) Residence No. 19 yrs St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

File No. _____
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M. 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 Elna Rupton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-26-1847

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
82 0 0

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-26 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926, to Aug 26, 1929, that I last saw him alive on Aug 26, 1929, and that death occurred, on the date stated above, at 6 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Suppurative Oesophitis
13.5 B (duration) 2 yrs. 8 mos. 1 da.

CONTRIBUTORY (SECONDARY) 13.5 B (duration) yrs. mos. da.

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) William H. Green, M. D.
8/27/1929 (Address) St James, 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.

9. BIRTHPLACE (CITY OR TOWN) Cincinnati (STATE OR COUNTRY) Ohio

10. NAME OF FATHER Thos Rupton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know (STATE OR COUNTRY) _____

14. INFORMANT Elna Rupton (Address) St James Mo

15. FILED 8-27-29 Henry P. Walters REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Merome Cem DATE OF BURIAL 8-27-1929

20. UNDERTAKER W E Dickler ADDRESS St James Mo

WRITE MAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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 135
 5
 2

104
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