

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.

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

Do not use this space.

38892

1. PLACE OF DEATH

County St. Louis  
Township Jefferson  
City St. Louis

Registration District No. 213

Primary Registration District No. 3014

File No. \_\_\_\_\_

Registered No. 277

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence. No. 1214 Cedar City Mo. 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) \_\_\_\_\_

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 19 - 1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
4 7 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Chief  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Cedar City Mo  
(STATE OR COUNTRY)

10. NAME OF FATHER Geo E Rupert

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

12. MAIDEN NAME OF MOTHER Jan Smallwood

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

14. INFORMANT (Address) Geo E Rupert, Cedar City Mo

15. FILED 12/9/30 St. Louis REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 3 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 1 1930, to Dec 3 1930

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_ and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Gangrenous appendicitis  
1711 B (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 4 ds.

CONTRIBUTORY (SECONDARY) appendicitis (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED? Mo

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? yes DATE OF Dec 2/1930

WHAT TEST CONFIRMED DIAGNOSIS? operation

(Signed) M. D.

Dec 3, 1930 (Address) St. Louis

\*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 Union Hill DATE OF BURIAL Dec 4 1930

20. UNDERTAKER Lawson - Tanner ADDRESS St. Louis

