

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

Do not use this space.

34280

1. PLACE OF DEATH

County Iron

Registration District No. 391

Township Acadia

Primary Registration District No. 4230

City Clinton (No. _____)

File No. _____

Registered No. 51

St. _____ Ward _____

2. FULL NAME

Herman Louis Ripke

(a) Residence. No. Clinton 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

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

Roxie Ripke
Widow

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

July 31-1886

7. AGE

45

YEARS

MONTHS

2

DAYS

30

If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Assistant Engineer

(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)

Clinton Mo.

10. NAME OF FATHER

August Ripke

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Dorothea Wicken

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Wine La Motte Mo.

14.

INFORMANT (Address)

Mrs. Herman L. Ripke
Clinton Mo.

15.

FILED

11/2 1931 R. A. Raabe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 30 1931

17. I HEREBY CERTIFY, That I attended deceased from _____, 1931, to Oct 30, 1931, that I last saw deceased alive on Oct 29, 1931, and that death occurred, on the date stated above, at 12 _____.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis

CONTRIBUTORY (SECONDARY)

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 _____

(Signed) George M. Fry, M.D.

11/2, 1931 (Address) Clinton 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

DATE OF BURIAL

Richold Cem Nov 2 1931
Acadia, Mo

20. UNDERTAKER

ADDRESS

Acadia Valley Funeral Clinton
Acadia, Mo.

WRITE PLAINLY, 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.

NOV 24 1931

