

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

Do not use this space.

43234

1. PLACE OF DEATH

County Webster
Township Finley
City..... (No.) St. Ward)

Registration District No. 897
Primary Registration District No. 6101

File No.
Registered No. 40
St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15 - 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 7 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sumner Mo

13. NAME John Rippee

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Taty Newton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Robert Rippee

18. BURIAL, CREMATION, OR REMOVAL PLACE maconic cemetery DATE 12-13 1931

19. UNDERTAKER (ADDRESS) L. A. Watson

20. FILED 1713 1931 L. A. Watson Registrar

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 12 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1930, to Dec. 12, 1931. I last saw him alive on Dec. 12, 1931. Death is said to have occurred on the date stated above, at 3:30 P.M. The principal cause of death and related causes of importance were as follows:

Chronic myocarditis with mitral regurgitation
131
920/131
Other contributory causes of importance:
Arteriosclerosis
Chronic interstitial nephritis

Name of operation none Date of What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19..... Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Paul Upshaw, M.D., M. D.
(Address) 214 N. Jefferson
Springfield, 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.

