

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

Do not use this space.

27137

1. PLACE OF DEATH

93 County St. Clair  
Township Reese  
City Reese (No. 766)

Registration District No. 766  
Primary Registration District No. 6011

File No. 7  
Registered No. 7  
St. 7 Ward 7

2. FULL NAME

Mary Fredricka Ripkey  
(a) Residence, No. 766 St. 7 Ward 7  
(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 <u>7</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>L. G. Ripkey</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 7 1856</u>		
7. AGE <u>76</u>	YEARS <u>5</u>	MONTHS <u>0</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		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) <u>St. Joseph, Mo.</u>		
13. NAME <u>Christina Klunk</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Whittensburg, Germany</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT (ADDRESS) <u>L. G. Ripkey</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>St. Mary's</u> DATE <u>8/9</u>		
19. UNDERTAKER (ADDRESS) <u>W. B. Goodwin</u>		
20. FILED <u>19</u>		

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 7th, 1932.

22. I HEREBY CERTIFY, That I attended deceased from Aug. 7, 1932 to Aug 7th, 1932.  
I last saw him alive on Aug. 3-7, 1932. 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:  
Mitral stenosis  
Other contributory causes of importance: Unknown

Name of operation None Date of 7  
What test confirmed diagnosis? Auscultation Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No Date of injury No, 1932  
Where did injury occur? None (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury None  
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No.  
If so, specify No  
(Signed) J. W. Richardson, M. D.  
(Address) Office No.

Registrar.

EX-26 1932

State blue p  
Instruction

State blue p  
Instruction

State blue p  
Instruction

52103

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Clair  
Township Greene  
City Greene (No. ....)

Registration District No. 966  
Primary Registration District No. 6011

File No. ....  
Registered No. ....  
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word) M

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

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

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

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

FATHER  
13. NAME

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

MOTHER  
15. MAIDEN NAME

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

17. INFORMANT  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE ..... DATE ..... 19 .....

19. UNDERTAKER  
(ADDRESS)

20. FILED 8-9 1932 F. B. Goodrich  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7 1932

22. I HEREBY CERTIFY, That I attended deceased from

....., to ....., 19 .....

I last saw him alive on ....., 19 .....

Death is said

to have occurred on the date stated above, at .....

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....

If so, specify .....

(Signed) ....., M. D.

(Address) .....

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