

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

Do not use this space.

**23340**

**1. PLACE OF DEATH**

County Jackson

Registration District No. 399

File No. 3016

Township Kaw

Primary Registration District No. 1002

Registered No. 3016

City Kansas City (No. 1)

Ward St. Louis Lutheran Hospital

**2. FULL NAME**

(a) Residence, No. 919 N. Ham Bureau St.  
(Usual place of abode)

Ward Jackson, Mo.

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Wm H. Ripley</u> (OR) WIFE OF <u>Wm H. Ripley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 18 1880</u>		
7. AGE YEARS <u>52</u>	MONTHS <u>10</u>	DAYS <u>10</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. <u>at home</u>		
10. Date deceased last worked at this occupation (month and year) <u>July 18 1933</u>		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Waverly, Missouri</u>		
13. NAME <u>Wm A. Ward</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
15. MAIDEN NAME <u>Mary Taylor</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
17. INFORMANT (ADDRESS) <u>Wm H. Ripley</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Joplin, Mo. Aug 26 1933</u>		
19. UNDERTAKER (ADDRESS) <u>C. H. Reebler</u>		
20. FILES <u>July 26 1933</u> <u>Wm Crowe</u> <u>asst Registrar</u>		

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24 1933

22. I HEREBY CERTIFY That I attended deceased from July 19 1933 to July 24 1933.  
I last saw her alive on July 24 1933. Death is said to have occurred on the date stated above, at 8:19 a.m.  
The principal cause of death and related causes of importance were as follows:  
Peritonitis - operation - h. hysterectomy released a few mm. whitish curia (slight)

Other contributory causes of importance:  
127 11 137 13 127 9

Name of operation h. hysterectomy Date of operation July 20 1933

What test confirmed diagnosis? 137 13 Was there an autopsy? 137 13

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 John H. Outwell  
(Signed) \_\_\_\_\_, M. D.  
(Address) 1025 Rialto Bldg  
Kansas City, 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.

23340  
2  
2  
2

