

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County Madison Registration District No. 165 File No. 4261
 Township Spencer Primary Registration District No. 5231 Registered No. 50
 City Jarvis Springs Mo St. _____ Ward _____

2. FULL NAME

Jonathan Bayne Riper
 (a) Residence No. _____ 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 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

married6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 13 - 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
83 - 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) Cannonville Ind13. NAME William Riper14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee15. MAIDEN NAME Barbara Co16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE same DATE Feb 11 193419. UNDERTAKER (ADDRESS) B. L. H. Amisfield Jarvis Mo20. FILED Mar 8 1934 A. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 11 193422. I HEREBY CERTIFY, That I attended deceased from 2-2, 1934, to 2-11, 1934I last saw deceased alive on 2-10, 1934 Death is said to have occurred on the date stated above, at 8 A.m.

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

Chronic Brights disease

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 _____, 1934

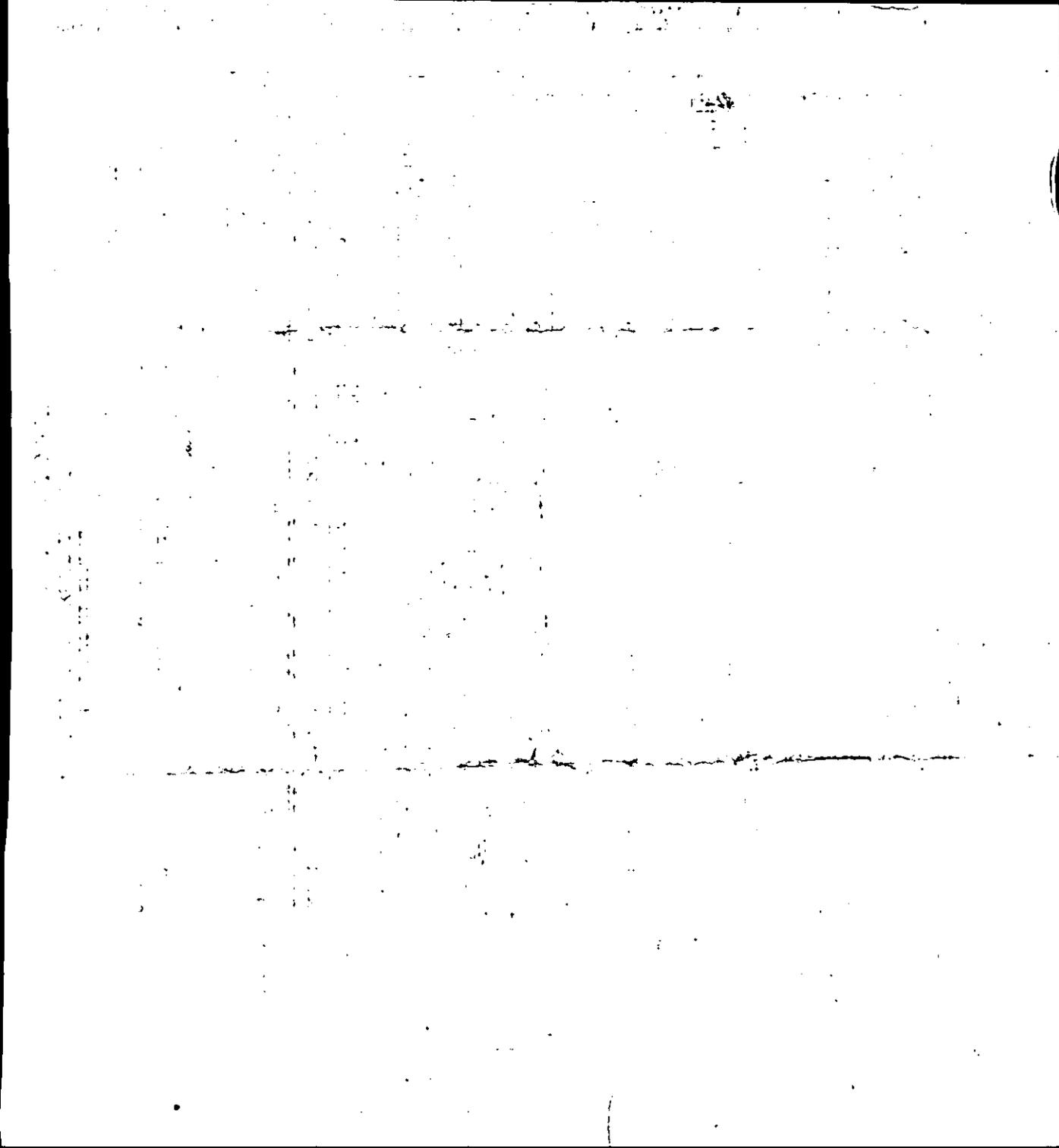
Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) H. A. Sumrell, M. D.
 (Address) Stackton Mo

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.



**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 Cedar

Registration District No. 165

Township Ann

Primary Registration District No. 5231

City Junction (No.)

File No.

Registered No. 50

2. FULL NAME

(a) Residence No. 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

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)

Jan 19 1857

7. AGE

YEARS 83

MONTHS —

DAYS 27

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Jarmer

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

10. Data 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)

Evansville, Ind.

13. NAME

William Reifer

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

Delaware

15. MAIDEN NAME

Barbara Cox

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

1 Kentucky

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Amer DATE Feb 11 1934

19. UNDERTAKER (ADDRESS)

Ed. Houschick, Lockwood Mo

20. FILED

Feb 8 1934 J. P. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

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

Feb 11 1934

22. I HEREBY CERTIFY, That I attended deceased from

2-2-34 to 2-10-34, 1934

I last saw h. alive on 2-10-34, 1934 Death is said

to have occurred on the date stated above, at 8 a.m.

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) A. A. Jimerel, M. D.

(Address) Lockwood Mo

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

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.

SUPPLEMENTARY

S-4261