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

Do not use this space.

File No. 16257

Registered No. 65

1. PLACE OF DEATH

County: Douglas — Registration District No. 272

Township: Boone — Primary Registration District No. 3384

City: Ava, Rt #2 (No. ..., ..., St. ..., Ward)

2. FULL NAME Julia Vandalia Rippee

(a) Residence, No. Farm (Usual place of abode) St., ..., Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-6-1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	69	10	2	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

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) Elgin, Mo

FATHER

13. NAME Thos. Franklin Hays

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

MOTHER

15. MAIDEN NAME Nancy Elizabeth Martin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene County, Mo

17. INFORMANT S. B. Rippee (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Turkey Cemetery DATE May 3, 1934

19. UNDERTAKER Clarence Clinkenbeard (ADDRESS)

20. FILED 5-15-1934 Henry Bowlie Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1933, to May 2, 1934

I last saw her alive on May 1, 1934. Death is said to have occurred on the date stated above, at 2 P m.

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

	Date of onset
Injuries of Hands including accidental burns which occurred in her home	Nov 8/25/34
1095	
132A	

Other contributory causes of importance: Nephritis & Hypertension Cert/mo

Name of operation ... Date of ...

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

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) R M Norman, M. D.

(Address) Ava Mo

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: Douglas — Registration District No.: 272
Township: Bryant — Primary Registration District No.: 5584
City: ..... (No. ..... St. ..... Ward)

File No.: .....
Registered No.: 15

2. FULL NAME: Julia Vandalen Rupkee

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
F	W	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: Thomas Franklin Hall
14. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY): Georgia

MOTHER
15. MAIDEN NAME: Nancy Elizabeth Martin
16. BIRTHPLACE (CITY OR TOWN): Greene Co. (STATE OR COUNTRY): Mo

17. INFORMANT: S. B. Rupkee (ADDRESS): Gava, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Turkey Creek DATE: May 3, 1934

19. UNDERTAKER: Eldridge Clinkenbeard (ADDRESS): Gava Mo

20. FILED: 5-15-1934 Henry Burke
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... 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) ....., M. D.
(Address) .....

SUPPLEMENTARY

CAUSE OF DEATH — Diseases should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state 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 COMPLETED AS PRESCRIBED BY LAW.

5-16257