

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

Do not use this space.

16257

**1. PLACE OF DEATH**

County Douglas  
Township Boone  
City Govt R#2 (No. \_\_\_\_\_)

Registration District No. 279  
Primary Registration District No. 5384

File No. \_\_\_\_\_  
Registered No. 15-  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Julia Vandalia Rippee  
(a) Residence, No. Farmstead, St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>F</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>Samuel S. Rippee</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-01-1894</u>		
7. AGE	YEARS	MONTHS
	<u>69</u>	<u>10</u>
		DAYS
		<u>2</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	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>none</u>	
	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) St. Louis, MO

13. NAME Thos. Franklin Hays

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

15. MAIDEN NAME Nancy Elizabeth Martin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green County, MO

17. INFORMANT (ADDRESS) J. B. Rippee

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

19. UNDERTAKER (ADDRESS) Clarence Chamberland

20. FILED 5-15 1934 Henry Burtch 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 see, 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 20 m.

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

Infection of hands following accidental cut with knife in her home  
Date of onset Oct 21/25/34  
1928  
132A

Other contributory causes of importance:  
Nephritis + Hypertension

Name of operation 1934 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 \_\_\_\_\_, 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? no

If so, specify \_\_\_\_\_

(Signed) R M Norman, M. D.  
(Address) Ava MO

39  
3  
JUN 21 1934  
Exact statement of OCCUPATION is very important.  
so that it may be properly classified. Exact statement of OCCUPATION is very important.

The first part of the report deals with the general situation in the country. It is noted that the economy is still in a state of depression, and that the government is facing a serious financial crisis. The report also mentions that the government is planning to introduce a new tax system, which is expected to increase the national income.

The second part of the report discusses the social conditions in the country. It is noted that the population is still suffering from poverty and unemployment. The report also mentions that the government is planning to introduce a new social security system, which is expected to provide a safety net for the poor.

The third part of the report discusses the political situation in the country. It is noted that the government is still facing opposition from the opposition parties. The report also mentions that the government is planning to hold general elections in the near future.

The fourth part of the report discusses the foreign relations of the country. It is noted that the country is still maintaining a policy of non-alignment. The report also mentions that the country is planning to strengthen its relations with the United States.

The fifth part of the report discusses the military situation in the country. It is noted that the country is still maintaining a strong military force. The report also mentions that the country is planning to modernize its military equipment.

The sixth part of the report discusses the cultural situation in the country. It is noted that the country is still maintaining a rich cultural heritage. The report also mentions that the government is planning to promote the development of the arts and sciences.

The seventh part of the report discusses the environmental situation in the country. It is noted that the country is still facing a serious environmental crisis. The report also mentions that the government is planning to introduce a new environmental protection law.

The eighth part of the report discusses the health situation in the country. It is noted that the country is still facing a serious health crisis. The report also mentions that the government is planning to introduce a new health care system.

The ninth part of the report discusses the education situation in the country. It is noted that the country is still facing a serious education crisis. The report also mentions that the government is planning to introduce a new education system.

The tenth part of the report discusses the overall situation in the country. It is noted that the country is still facing a serious crisis. The report also mentions that the government is planning to introduce a new constitution.

**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. Louis  
Township Brook  
City St. Louis (No.         )

Registration District No. 272  
Primary Registration District No. 5384

File No.           
Registered No. 15

**2. FULL NAME**

Julia Vandaler Rippee

(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 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.

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)**

13. NAME Thomas Franklin Rippee  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgetown, Mo.

15. MAIDEN NAME Henry Elizabeth Rippee  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgetown, Mo.

17. INFORMANT S. B. Rippee  
(ADDRESS) St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE May 3, 1924

19. UNDERTAKER Clarence Clontz  
(ADDRESS) St. Louis, Mo.

20. FILED 5-15-24 1924 Henry Rippee  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2, 1924

22. I HEREBY CERTIFY, That I attended deceased from          to         , 1924  
I last saw h.          alive on         , 1924. Death is said to have occurred on the          m. above, at          m.

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

          
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         , 1924  
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)         

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

COPIES SUPPLIED BY MISSOURI STATE BOARD OF HEALTH

5-16257