

JUL 26 1935

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County GuthrieRegistration District No. 668Township SedaliaPrimary Registration District No. 3032City Sedalia

(No. ....)

St. .... Ward)

## 2. FULL NAME

(a) Residence, No. 1200 S. Mass. St. .... Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds.

How long in U. S., If of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFWilliam Baker

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

Sept. 25, 1860

## 7. AGE

74

YEARS

MONTHS

8

DAYS

11If LESS than 1  
day, ..... hrs.  
or ..... min.

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.House Wife9. 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)Bary Ill.

## 13. NAME

John Rippey14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Unknown

## 15. MAIDEN NAME

Mary Ann Beggs16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Unknown17. INFORMANT  
(ADDRESS)William Baker  
Sedalia

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Crown Hill DATE 4/2 193519. UNDERTAKER  
(ADDRESS)McLaughlin Bros  
Sedalia

## 20. FILED

June 7, 1935 Frank Slack  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/6 1935

22. I HEREBY CERTIFY, That I attended deceased from

12-12 1934, to 6-6 1935I last saw him alive on 6-6 1934 Death is saidto have occurred on the date stated above, at 1:00 p.m.

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

Carcinoma of Bladder  
about 7/28  
11/34

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis Rippey 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 .....

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)

M. D.

(Address)

J. W. Boyer  
Sedalia Mo

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.

AUG 12 1946<sup>9</sup>