

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

Do not use this space. *Jan*

32567

DEC 18 1935

1. PLACE OF DEATH

County Iron
Township
City Vulcan (No.)

Registration District No. 390
Primary Registration District No. 554

File No.
Registered No. 17
St. Ward

2. FULL NAME Elizabeth Upton

(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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Upton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 4 1863</u>		
7. AGE YEARS <u>72</u>	MONTHS <u>6</u>	DAYS <u>26</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>house work</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>
10. Date deceased last worked at this occupation (month and year) <u> </u>		11. Total time (years) spent in this occupation <u> </u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Des Arc Mo.

MOTHER FATHER 13. NAME Hilton Clifton

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

MOTHER 15. MAIDEN NAME Betty Ruble

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

17. INFORMANT T. H. Upton
(ADDRESS) Esther Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Des Arc Mo. DATE Oct 31 1935

19. UNDERTAKER White & Son
(ADDRESS) Ironton Mo.

20. FILED Oct 31 1935 B. Hunter
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) oct 30 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-22, 1935, to 10-30, 1935

I last saw him alive on 10-30, 1935. Death is said to have occurred on the date stated above, at 3.05P m.

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

Pneumonia

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

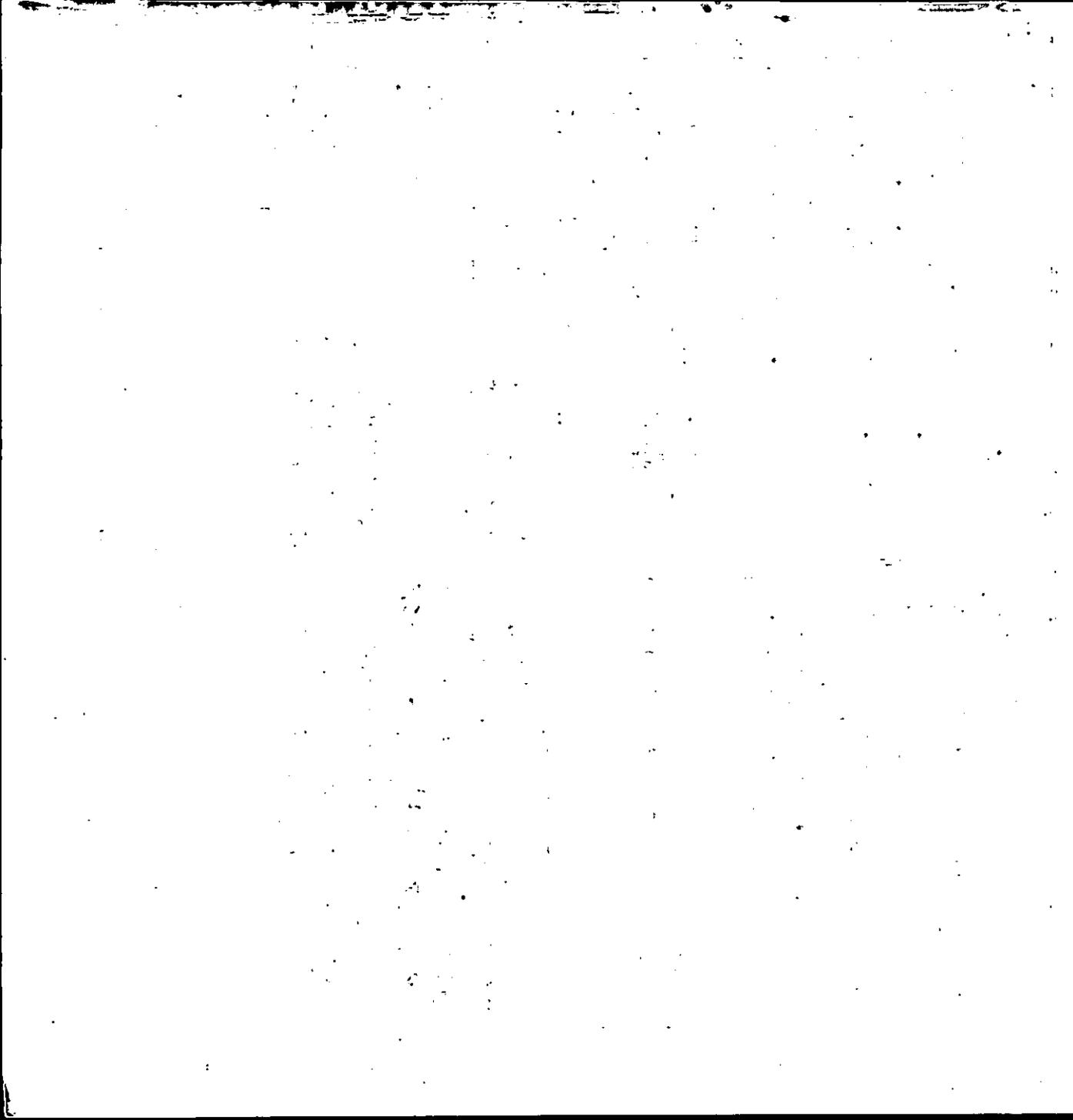
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify

(Signed) Esther, M. D.

(Address)



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE FURNISHED ON
THIS SUPPLEMENTARY

1. PLACE OF DEATH

County Flon
Township Union
City (No. _____) _____

Registration District No. 390
Primary Registration District No. 3340-

File No. _____
Registered No. 17 _____
St. _____ Ward _____

2. FULL NAME Elizabeth Ripton

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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.
72 6 26

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 _____

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

MOTHER
15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED Jan 25 19 2 B. C. Hunter Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 30 1938

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:

Pneumonia
lobar
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? _____ (S. ecify 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) S. B. Jones, M. D.

(Address) Piedmont mo

5-32567