JAN 18 1936

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

Do not use this space.

39435

File No.

Registered No. 385

1. PLACE OF DEATH

County: Jackson — Registration District No. 398

Township: — Primary Registration District No. 3019

City: Independence (No. ..... St. ..... Ward)

2. FULL NAME Henry C. Rippetoe (Indep. Town)

(a) Residence, No. 1610 W Walnut (Indep. Town) 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)
Male	wh	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Emma Rippetoe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 22-1872

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
63	8	24	

OCCUPATION

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

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

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. Clair County Mo.

FATHER

13. NAME: L. C. Rippetoe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Clair County Mo.

MOTHER

15. MAIDEN NAME: Lucenda Johnson

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

17. INFORMANT: Mrs R. J. Beattie
(ADDRESS) 1610 W. Walnut Indep. Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE: Clinton Mo. DATE: Dec. 17, 1935

19. UNDERTAKER: Ott & Mitchell
(ADDRESS) Independence Missouri

20. FILED 12-26-1935 F. L. Cook
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 9, 1935, to Dec. 15, 1935

I last saw him alive on Dec. 15, 1935. Death is said to have occurred on the date stated above, at 4:30 p.m.

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

	Date of onset
Ruptured Duodenal ulcer	
Pneumonia (Secondary) Lobar	

Other contributory causes of importance:

Myocarditis acute

Name of operation: Drainage — Date of: Dec 9-35

What test confirmed diagnosis? Clinical — 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 ....., 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) D Pittman, M. D.

(Address) 10301 Independence

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.