

Jun. 25 1936

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

Do not use this space.

1. PLACE OF DEATH

County Chelms  
Township Palla  
City Palla (No. .... St. .... Ward)

Registration District No. 677  
Primary Registration District No. 4403

File No. 20331  
Registered No. 59

2. FULL NAME

Daniel Leo Rupert  
(a) Residence, No. Newburg, Mo. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17, 1936  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
✓ ✓ 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant  
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) Newburg (STATE OR COUNTRY) Missouri

MOTHER FATHER 13. NAME Ralph Rupert

14. BIRTHPLACE (CITY OR TOWN) Palla (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Loretta Lane

16. BIRTHPLACE (CITY OR TOWN) Newburg (STATE OR COUNTRY) Missouri

17. INFORMANT Ralph Rupert (ADDRESS) Newburg, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Newburg, Mo DATE May 19 1936

19. UNDERTAKER Lee Johnson (ADDRESS) Newburg, Mo

20. FILED May 19 1936 Joe F. Ceyers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18, 1936  
22. I HEREBY CERTIFY That I attended deceased from May 16, 1936 to May 18, 1936  
I last saw him alive on May 18, 1936 Death is said to have occurred on the date stated above, at 12:45 P.  
The principal cause of death and related causes of importance were as follows:

Deficiency of the respiration and sinus

Other contributory causes of importance  
IS

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) W. Sidney McDaniel, M. D.  
(Address) Palla 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.

