FEB 17 1937

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

Do not use this space.

1128

1. PLACE OF DEATH

County Howell — Registration District No. 384 — File No.

Township — Primary Registration District No. 4227 — Registered No.

City West Plains (No. ..... St. ..... Ward)

2. FULL NAME Alice B. Ripley

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 14 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Willie B. Ripley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 16 1847

7. AGE Years 87 Months 11 Days 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 235

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home.

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) Alexandria Bay N.Y.

FATHER

13. NAME Oscar G. Mitchell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alexandria Bay N.Y.

MOTHER

15. MAIDEN NAME Elizabeth Bassett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

17. INFORMANT (ADDRESS) Louise B. Ripley West Plains Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oakwood Cem DATE Jan 28 1937

19. UNDERTAKER (ADDRESS) McFARLAND UNDERTAKING CO. WE PLAINS MO

20. FILED 1-28 1937 Vida W Simons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from October, 1936, to Jan 26, 1937

I last saw her alive on Jan 26, 1937. Death is said to have occurred on the date stated above, at 12:30 p.m.

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

Date of onset

Carcinoma of breast

Other contributory causes of importance:

Senility.

Name of operation none Date of —

What test confirmed diagnosis? Symptoms 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? No

If so, specify —

(Signed) R. A. Sparks M. D.

(Address) .....

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.