FEB 19 1937

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

Do not use this space. 2431

1. PLACE OF DEATH
73 County Newton — Registration District No. 614 — File No. 27
Township Granby — Primary Registration District No. 4-5-5-5 — Registered No. 5
City ..... (No. ..... 2 5816 St. ..... Ward)

2. FULL NAME William Henry Ruppert
(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dora Ruppert
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6 1865
7. AGE YEARS 71 MONTHS 9 DAYS 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1 2
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 10 31

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

FATHER
13. NAME Franklin Ruppert
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME ~~Not~~ Frances Day
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT (ADDRESS) Addie Allman Granby Mo R 2
18. BURIAL, CREMATION, OR REMOVAL
PLACE Rocky Comfort DATE Jan 11 1937
19. UNDERTAKER (ADDRESS) T. A. Boyd & Son Wheaton Mo
20. FILED Jan 11 1937 M F Rolens Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 10 1937
22. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1936, to Jan 10, 1937
I last saw him alive on Jan 10, 1937 Death is said to have occurred on the date stated above, at 7 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphatic leukemia with splenomegaly	March 1936

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Blood Ct. 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) Charles O Chester M. D.
(Address) Granby 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.