

JAN 15 1938

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

Do not use this space.

16

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1. PLACE OF DEATH

County Caldwell

Registration District No. 29

Township Grant

Primary Registration District No. 4061

City Palestine (No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(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 M. 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elsie Rupe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 30-1851

7. AGE YEARS 86 MONTHS 3 DAYS 5 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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. Retired  
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) Lexington Mo.

13. NAME Wisley P. Rupe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K. Y.

15. MAIDEN NAME Permelia Ann Bell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) V. A.

17. INFORMANT Mr. W. G. Roberts (ADDRESS) Pale Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Zimmerman DATE 1-7 1938

19. UNDERTAKER Alsbaugh & Cowley (ADDRESS) Pale Mo.

20. FILED Jan 8 1938 Mrs. Wylie Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 5 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1937 to Jan. 5 1938  
First saw him alive on Jan 3 1938. Death is said to have occurred on the date stated above, at 11:35 P. M.

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

Generalized Arteriosclerosis (Hypertensive) Date of onset year ago  
Chronic Myocarditis (arteriosclerotic) year ago  
Cerebral Thrombosis (arteriosclerotic) Jan 15, 1937  
Pulmonary Hemorrhage Jan 5, 1938

Other contributory causes of importance: Hypertrophic Prostatitis 43 year ago

Cause unknown

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) J. E. Goldberg M. D.  
(Address) Pale, Mo.

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FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

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Do not use this space.

PLACE OF DEATH

(a) County Caldwell Registration District No. 99  
(b) Township Palo Primary Registration District No. 4061 Registered No. ....  
(c) City Palo (d) Street No. .... St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

PRINT FULL NAME

William H. Rupe  
(a) Residence, No. .... St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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.  
86 3 5

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

9. Industry or business in which work was done, as 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. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-5-1938

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:

Generalized arterio. Sclerosis  
Hypertension - Chr. Myo. Carditis  
Cerebral Thrombosis  
Pulmonary Hemorrhage  
(Cause Unknown)  
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? If so, specify

(Signed) A. Z. Gredberg, M. D.  
(Address) Palo, Mo.

SUPPLEMENT

