

REC'D AUG 24 1938

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

Do not use this space.

25002

1. PLACE OF DEATH

County Cedar
Township
City El Dorado Spgs Mo (No. _____)

Registration District No. 163
Primary Registration District No. 4095

File No. _____
Registered No. 37 St. _____ Ward _____

2. FULL NAME Francis Rupard

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hugh Rupard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 18 1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
74 7 17

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. Housewife
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) Bureau Co, Ill

13. NAME Edward Hubbard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

15. MAIDEN NAME Mary Washkins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) J. H. Hubbard El Dorado Spgs Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Clintonville DATE July 7 1938

19. UNDERTAKER (ADDRESS) Mapes Funeral Home El Dorado Spgs Mo

20. FILED 7-6- 1938 J. W. Dawson Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1938, to July 5, 1938
I last saw her alive on June 30, 1938 Death is said to have occurred on the date stated above, at 2.30 p.m.

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

Chronic Valvular Heart Disease Date of onset _____

Other contributory causes of importance: 97

Name of operation None Date of _____

What test confirmed diagnosis? None 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. P. Williams, M. D.

(Address) El Dorado Springs

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WRITE PLAINLY, WITH INK. 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.

