APR 23 1936

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

Do not use this space.

11297

1. PLACE OF DEATH
County Knox Registration District No. 441
Township Primary Registration District No. 4239
City Edina Mo. (No. ..... St. ..... Ward)
File No. .....
Registered No. 10

2. FULL NAME Hattie Ruplow

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Barney Ruplow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30 1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	80	9	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) (STATE OR COUNTRY) Edina Mo

FATHER
13. NAME Jacob Larry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edina Mo

MOTHER
15. MAIDEN NAME Mary Sibert
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland Co. Mo

17. INFORMANT (ADDRESS) Mrs Charley Ruehe

18. BURIAL, CREMATION, OR REMOVAL
PLACE Edina Mo DATE Mar 22 1936

19. UNDERTAKER (ADDRESS) Knaggs Bros Edina Mo.

20. FILED 3-21- 1936 Mrs C M. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-20, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-17, 1936, to 3-20, 1936
I last saw h.er alive on 3-20, 1936. Death is said to have occurred on the date stated above, at 4 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma stomach	1935

Other contributory causes of importance: NO

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) Frederick L. Schwartz M.D., M. D.
(Address) Edina, 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.
WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD