

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.

JUN 4 1930

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

Do not use this space.

15520

1. PLACE OF DEATH

County Cape Girardeau
Township Cape
City Cape Girardeau (No. 125)

Registration District No. 125
Primary Registration District No. 3009

File No. _____
Registered No. 395
St. _____ Ward _____

2. FULL NAME

Henry Ruppel

(a) Residence. No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Ruppel

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 8 - 1862

7. AGE YEARS 68 MONTHS 1 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Amoyburg

10. NAME OF FATHER Casper Ruppel

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Mary Ann Schaeffer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Walter Ruppel (Address) _____

15. FILED 5/13/30 W. K. Ruppel REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-8-1930

17. I HEREBY CERTIFY, That I attended deceased from 5-2 to 5-3, No. 30, to 5-5, that I last saw him 17 alive on 5-5, 1930, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cholecystitis - Acute
1296
129 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) PERITONITIS (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRAICTED Cape Girardeau
IF NOT AT PLACE OF DEATH Cape Girardeau
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 5-5-30
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS _____
(Signed) Almond M. D.
, 19 (Address) Cape Girardeau Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Trudhine Mo. DATE OF BURIAL May 13 1930

20. UNDERTAKER McComb's Undertaking Co. Jackson Mo. ADDRESS _____

17 March
1944