

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important.

SEP 28 1927

DEATH CERTIFICATE

PLACE OF DEATH

County Jackson
 Township Independence
 City Independence (No. no)

Registration District No. 598
 Primary Registration District No. 3019

File No. 24219
 Registered No. 211
 St. _____ Ward _____

2. FULL NAME Etha Nevada Ruppert
 (a) Residence. No. 109th Ruby St., _____ Ward. _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Geo. J. Ruppert

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 16 - 1879

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
47 7 23

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

9. BIRTHPLACE (CITY OR TOWN) Wellsville Kansas
 (STATE OR COUNTRY) Franklin Co

10. NAME OF FATHER P. V. Sargent

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mt. Holly
 (STATE OR COUNTRY) Vermont

12. MAIDEN NAME OF MOTHER Emma P. Carpenter

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

14. INFORMANT Geo J Ruppert
 (Address) Independence Mo

15. FILED Aug 10 1927 Dr. Richardson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 9 1927
 17. I HEREBY CERTIFY, That I attended deceased from _____
Sept 1925, to Aug 9 1927
 that I last saw him/her alive on July 6 1927, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvular Heart Disease

CONTRIBUTORY (SECONDARY) POA (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) J. E. Neukirch _____ M. D.

(Address) Independence 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 Mt Moriah U.S.M. DATE OF BURIAL Aug 11 1927

20. UNDERTAKER Ott and Mitchell ADDRESS Indep. Mo

