

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

Do not use this space.

21767

1. PLACE OF DEATH  
 108 County Vernon Registration District No. 878  
 5 Township Drywood Primary Registration District No. 4539  
 1 City SHELDON (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 10

2. FULL NAME Katherine Elizabeth 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 20 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, Am.  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19, 1881  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
50 11 28

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Assistant Postmaster  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 189  
 10. Date deceased last worked at this occupation (month and year) May 21, 1932  
 11. Total time (years) spent in this occupation 4 & 1/2

12. BIRTHPLACE (CITY OR TOWN) Near Garden City, Mo.  
 (STATE OR COUNTRY) Cass Co.

FATHER  
 13. NAME Joseph William Rupard  
 14. BIRTHPLACE (CITY OR TOWN) Near Winchester, Ky.  
 (STATE OR COUNTRY) Clark Co.

MOTHER  
 15. MAIDEN NAME Mary Elizabeth Risk  
 16. BIRTHPLACE (CITY OR TOWN) Clark Co. Ky.  
 (STATE OR COUNTRY)

17. INFORMANT Frances R. Jones, Sheldon, Mo.  
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Sheldon, Mo. DATE June 19, 1932

19. UNDERTAKER G. B. Beeny & Sons  
 (ADDRESS) Sheldon Mo

20. FILED June 18, 1932 Carroll T. Beeny  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

2. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 1932  
 22. I HEREBY CERTIFY, That I attended deceased from May 4, 1932 to June 17, 1932  
 I last saw her alive on June 17, 1932. Death is said to have occurred on the date stated above, at 9:16 a.m.

The principal cause of death and related causes of importance were as follows:  
Carcinoma of Uterus  
43 48  
 Other contributory causes of importance: 1  
 Date of onset 7th

Name of operation Leipziger Operation Date of May 31/32  
 What test confirmed diagnosis? Leipziger 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) Arthur G. Williams, M. D.  
 (Address) Sheldon Mo.

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

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.

7 1932

