

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.

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

PLACE OF DEATH

County Osage

Township _____

or Village Freeburg

or _____

City _____ (NO. _____)

Registration District No. 1124

Primary Registration District No. 4858

File No. 26278-a

Registered No. 2

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Godfred Tolpeppel

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Widowed
(Write the word)

DATE OF BIRTH February 13, 1887
(Month) (Day) (Year)

AGE 80 yrs. 11 mos. 30 ds. If LESS than 1 day, _____ hrs. or _____ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Retired farmer
(b) General nature of industry, business, or establishment in which employed (or employer) 1-07

BIRTHPLACE (City or town, State or foreign country) Germany

NAME OF FATHER Godfred Tolpeppel

BIRTHPLACE OF FATHER (City or town, State or foreign country) Germany

MAIDEN NAME OF MOTHER Mary Louisa

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Germany

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Henry Tolpeppel

(ADDRESS) Freeburg

Filed February 15, 1913 J. A. Parvett, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 14, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept 1, 1913, to February 14, 1913, that I last saw him alive on February 10, 1913, and that death occurred, on the date stated above, at 7 p m.

The CAUSE OF DEATH* was as follows: Senile Debility

162 (Duration) 15 yrs. 5 mos. 13 ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) G. F. Verhoff M. D. Feb 14, 1913 (Address) Freeburg MO

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted If not at place of death? _____

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Freeburg Church Burial DATE OF BURIAL Feb 15, 1913

UNDERTAKER Thorn & Schaefer ADDRESS Freeburg Mo

