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

PLACE OF DEATH

County Pettis

Township ____ or Village ____ or City Sedalia

Registration District No. 668 — File No. 20473

Primary Registration District No. 3032 — Registered No. 129

(NO. 108 W. Howard St.; 2nd Ward)

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

FULL NAME August Wipprecht

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
M	W	Married

DATE OF BIRTH Dec (Month) 29 (Day) 1832 (Year)

AGE 80 yrs. 6 mos. 3 ds. If LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work: Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): Grocer

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

PARENTS
- NAME OF FATHER: Unknown
- BIRTHPLACE OF FATHER (City or town, State or foreign country): "
- MAIDEN NAME OF MOTHER: "
- BIRTHPLACE OF MOTHER (City or town, State or foreign country): "

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm Wipprecht

(ADDRESS) 108 E Howard St

Filed June 3 1913. A B. Lowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June (Month) 2 (Day), 1913 (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 1, 1912, to June 2, 1913, that I last saw h[illegible] alive on June 2, 1913, and that death occurred, on the date stated above, at 20 m.

The CAUSE OF DEATH* was as follows:

Nephritis

131

162

(Duration) 0 yrs. ____ mos. ____ ds.

Contributory (Secondary) Old age

(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) D T Cahill M. D.

June 3, 1913 (Address) Sedalia

*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	DATE OF BURIAL
Crown Hill Cem	6/4/1913
UNDERTAKER	**ADDRESS**
Sedalia Undertaking Co	Sedalia

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2.

PLACE OF DEATH

MISSOURI STATE BOARD OF
BUREAU OF VITAL STATIST
CERTIFICATE OF DEATH

County.....

Township ..... Registration District No..... File No.....
or
Village..... Primary Registration District No..... Registered No.....
or
City ..... (NO. ....., ... St.; ..... Ward) [If d
hospit
give P
of str

FULL NAME.....

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (*Write* the word)

DATE OF BIRTH

..... (Month) ..... (Day), 1..... (Year)

AGE ..... yrs. ..... mos. ..... ds. | If LESS than 1 day, ... hrs. or ..... min.?

OCCUPATION
(a) Trade, profession, or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

BIRTHPLACE
(City or town, State or foreign country)

NAME OF FATHER

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

MAIDEN NAME OF MOTHER

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

HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

nformant).....

(ADDRESS).....

iled ....., 191....., ...
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

..... (Month)

I HEREBY CERTIFY, that I attended ..... , 191....., to .....

that I last saw h..... alive on .....

and that death occurred, on the date stated above.

The CAUSE OF DEATH* was as follows:

.....

.....

.....

..... (Duration) ..... yrs. .....

Contributory.....
(SECONDARY)

..... (Duration) ..... yrs. .....

(Signed).....

....., 191..... (Address).....

*State the Disease Causing Death, or, in deaths from Vi
(1) Means of Injury; and (2) whether Accidental, Suicidal, or Homici

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

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

Where was disease contracted if not at place of death? .....

Former or usual residence.....

PLACE OF BURIAL OR REMOVAL	DATE OF E
UNDERTAKER	ADDRESS

Revised United States Standard Certificate of Death

Recommended by American Public Health