

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

1 PLACE OF DEATH

County Greene
Township Campbell
or
Village
or
City Springfield (NO. Rount + High St. Ward)

Registration District No. 318
Primary Registration District No. 5439

File No. 9935
Registered No. 178

2 FULL NAME Charles Pepper

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE MARRIED married WIDOWED OR DIVORCED (Write the word)

6 DATE OF BIRTH Mar 2 1880
(Month) (Day) (Year)

7 AGE 36 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (City or town, State or foreign country) Missouri

PARENTS
10 NAME OF FATHER Ezra Pepper
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) West Union
12 MAIDEN NAME OF MOTHER Willie Carr
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Idaho

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mabel Pepper
(Address) Springfield mo

15 MAR 17 1916 Filed 291 E. Lewis Jones Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar 15 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from 191 to 191 that I last saw h. alive on 191 and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:
Valvular Regurgitation
92A (Duration) 79 yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds. (Signed) W. H. Sawyer M.D. Mar 17 1916 (Address) Springfield mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
18 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

19 PLACE OF BURIAL OR REMOVAL Kaywood DATE OF BURIAL Mar 17 1916
20 UNDERTAKER W. H. Sawyer ADDRESS 305 N. Walnut

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.

