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

Do not use this space.
8753

1. PLACE OF DEATH
County: Lawrence — Registration District No. 467 — File No.
Township: Aurora — Primary Registration District No. 4280 — Registered No. 45
City: Aurora (No. ..... St. ..... Ward)

2. FULL NAME: Mary Milinda Lepp
(a) Residence. No. Shell City Mo St., ... Ward. Shell City Mo
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 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: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mathias Lepp

6. DATE OF BIRTH (MONTH, DAY AND YEAR): [illegible] 1844

7. AGE: Years 72 | Months 11 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): [illegible]

PARENTS
10. NAME OF FATHER: John L. Flanagan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Eugenie Wiville
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): [illegible]

14. INFORMANT: John M. Lepp
(Address) Shell City Mo

15. FILED 3/28, 1927 R. W. Smith REGISTRAR
J. King Smith

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3/27 1927

17. I HEREBY CERTIFY, That I attended deceased from March 13, 1927, to Mar 27, 1927 that I last saw her alive on March 26, 1927, and that death occurred, on the date stated above, at 2:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hypocarditis
935
(duration) 3 yrs. 7 mos. ? ds.

CONTRIBUTORY (SECONDARY): 906
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) [illegible], M. D
, 19 (Address) Aurora

*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: Shell City Mo
DATE OF BURIAL: 3/28 1927

20. UNDERTAKER: King Mod Co
ADDRESS: Aurora