

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

Do not use this space.

27748

31

1. PLACE OF DEATH

County Mason Registration District No. 527

Township Bever Mo Primary Registration District No. 4313

City Bever Mo (No.) St. Ward)

File No.

Registered No.

2. FULL NAME

Elvira Eppely St. Ward.

(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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE OF W. H. Eppely

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 29 1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 68 3 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work domestic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Iowa (STATE OR COUNTRY)

10. NAME OF FATHER R. B. Bailey

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Iowa (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Julius M. Eppely

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Iowa (STATE OR COUNTRY)

14. INFORMANT W. H. Eppely (Address) Bever Mo

15. FILED 9/20 1927 Ted Peace REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 19, 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1927, to Sept 19, 1927, and that I last saw her alive on Sept 19, 1927, and that death occurred, on the date stated above, at 7:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Pectoris
(duration) yrs. mos. ds.

CONTRIBUTORY arteriosclerosis (SECONDARY) (duration) yrs. mos. ds. 3 da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) J. E. Weidlick M.D. , 19 (Address) Bever Mo

*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 West Oakwood Cemetery DATE OF BURIAL Sept 21 1927

20. UNDERTAKER J. H. Edwards ADDRESS Bever Mo

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.

1927

