

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

Do not use this space.

188

1. PLACE OF DEATH

County Buchanan
Township Marion
City San Antonio

Registration District No. 82
Primary Registration District No. 6778
(No. 4 Miles N.E. San Antonio)

File No. 2
Registered No. 2
St. Ward

2. FULL NAME John Zepp

(a) Residence. No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 86 yrs. mos. da. How long in U.S., if of foreign birth? 86 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Georgie M Zepp

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 16, 1839.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
88 7 17

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Rodenberg.
(STATE OR COUNTRY) Germany.

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

14. INFORMANT Mrs. August Waller.
(Address) San Antonio, MO.

15. FILED 2/10, 1928 D.F. Biggins M.D.
REGISTRAR

1. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 3 1928

17. I HEREBY CERTIFY That I attended deceased from first to Jan 3 1928
(that I last saw him alive on Jan 1 1928 and that death occurred, on the date stated above, at 10-30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of liver
46 F
44 B (duration) 1 yrs. 6 mos. da.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. da.

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

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) D. L. Allen, M. D.

Jan 4, 1928 (Address) Osby, Mo

*State the DISEASE CAUSING DEATH, or in cases from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Hurlinger Catholic Cemetery DATE OF BURIAL Jan. 7 1928

20. UNDERTAKER H. O. Lidenfaden ADDRESS St. Joseph, MO.

