

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

Do not use this space.

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1004

1. PLACE OF DEATH
 County Jackson Registration District No. 322
 Township Transas City Primary Registration District No. 3002
 City Transas City (No. Research Hopt.) St. _____ Ward _____

2. FULL NAME Epha May Volker
 (a) Residence No. 1317 Forest Ave 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. 1 mos. _____ da. _____ How long in U.S., if of foreign birth? yrs. _____ mos. _____ da. _____

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 19 - 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
33 8 14

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Sales Lady
 (b) General nature of industry, business, or establishment in which employed (or employer) Marshall Field & Co
 (c) Name of employer _____

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

10. NAME OF FATHER Jacob J Moore

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

12. MAIDEN NAME OF MOTHER Elizabeth Brown

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

14. INFORMANT Miss Inez Klone
 (Address) 1317 Forest Ave

15. FILED 3-5-28 1928 M. M. Crone
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from _____, 1928, to _____, 1928, that I last saw her alive on _____, 1928, and that death occurred, on the date stated above, at 6:40 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
acute veritoubi non-tuberculous
129
126 (duration) _____ yrs. _____ mos. 5 da.
 CONTRIBUTORY (SECONDARY) undetermined, Pelvic
single, Gouty (duration) _____ yrs. _____ mos. 8 da.
not determined

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

0 DID AN OPERATION PRECEDE DEATH? NO DATE OF _____
 WAS THERE AN AUTOPSY? refused

1. WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) [Signature], M. D.
3-5-28 (Address) 15 Chicago

*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 Hollister Mo DATE OF BURIAL March 5 1928

20. UNDERTAKER J. W. Newcomer Sons ADDRESS City

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.

Research Hoop

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