

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

Do not use this space.  
**15897**  
**15627**

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.

1928

**1. PLACE OF DEATH**

County Vernon Registration District No. 875  
Township Washington Primary Registration District No. 6762  
City Washburn St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 100

**2. FULL NAME**

George W Repp  
(a) Residence. No. \_\_\_\_\_ 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown about 1899  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
about 29 29 12 .

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Conductor on street car  
(b) General nature of industry, business, or establishment in which employed (or employer) g. r. g. r.  
(c) Name of employer \_\_\_\_\_

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

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 State Hospital \* 3  
(Address) Nevada

15. FILED 4-18-28 E. R. Prine  
REGISTRAR

**2) MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/5/28 1928  
17. I HEREBY CERTIFY, That I attended deceased from 4/3/28, 1928,  
that I last saw h. alive on 4/5/28, 1928, and that death occurred, on the date stated above, at 6 p.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Epilepsy with psychosis

CONTRIBUTORY (SECONDARY) Epileptic Convulsion  
(duration) yrs. mos. 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? clinical  
(Signed) J. H. Romner, M. D.  
4/7.1928 (Address) State Hospital \* 3

\*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 Kansas City Mo DATE OF BURIAL 4/6 1928

20. UNDERTAKER Allen V. Hays Nevada, Mo.  
ADDRESS \_\_\_\_\_

