

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

Do not use this space.

**1. PLACE OF DEATH**

County Jasper

Registration District No. 408

File No. 27602

Township Carthage

Primary Registration District No. 3070

Registered No. \_\_\_\_\_

City Carthage (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 510 E. 3rd 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**

**4. COLOR OR RACE**

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

Female | White | Single

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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Sept. 14 - 1893

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>34</u>	<u>11</u>	<u>11</u>	

**8. OCCUPATION OF DECEASED**

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

**9. BIRTHPLACE (CITY OR TOWN)**

McDonald Co. Mo.

**10. NAME OF FATHER**

Wm Epperson

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

Mo.

**12. MAIDEN NAME OF MOTHER**

Ida Eppard

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

Va.

**14.**

INFORMANT Mrs. Ida Epperson  
 (Address) Carthage, Mo.

**15.**

FILED 8/25-28 P. M. Ketchum  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Aug. 25 1928

**17. I HEREBY CERTIFY, That I attended deceased from**

8/17 1928, to 8/28 1928

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_, and that death occurred, on the date stated above, at 6:25 a. \_\_\_\_\_ m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

chr. Bronchitis (right)  
(tubercular)

**CONTRIBUTOR (SECONDARY)**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

**19. DID AN OPERATION PRECEDE DEATH. DATE OF \_\_\_\_\_**

WAS THERE AN AUTOPSY? no

**WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_**

(Signed) H. A. LaFerte M. D.  
8/25, 1928 (Address) Carthage, 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**

**DATE OF BURIAL**

Anderson, Mo. Aug. 26 1928

**20. UNDERTAKER**

**ADDRESS**

Kneel Mortuary Carthage

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.

DEPARTMENT RECORD

1928

