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

Do not use this space.

12071

1929

AV 2 3 6

1. PLACE OF DEATH
County St. Francois — Registration District No. 775 — File No.
Township Perry — Primary Registration District No. 6020 — Registered No. 30
City Bonne Terre Mo. (No. ..... St. ..... Ward)

2. FULL NAME Mary Jane Epperley
(a) Residence. No. Bonne Terre Mo. 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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 16 1842

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
87	0	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS

10. NAME OF FATHER William Blackwell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Elizabeth Cummings
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Jefferson Co. (STATE OR COUNTRY) Mo.

14. INFORMANT Margaret Turley
(Address) 5351 Delmar Blvd. St. Louis

15. FILED 3/23, 1929 T. A. Son REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) March 22 1929

17. I HEREBY CERTIFY, That I attended deceased from March 10, 1926, to March 22, 1929, that I last saw her alive on March 22, 1929, and that death occurred, on the date stated above, at 6 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis of Lungs
3 | 23A
162 (duration) 2 yrs. 7 mos. ds.

CONTRIBUTORY (SECONDARY) Age
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at Home
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Examination
(Signed) Lee Turley, M. D
3-24 1929 (Address) Bonneterre

*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: Bonneterre Cemetery — DATE OF BURIAL: 3-24 1929

20. UNDERTAKER: P. A. Benham — ADDRESS: Bonneterre

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.