

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

Do not use this space.

39677

**1. PLACE OF DEATH**

County Bacon  
Township Center  
City Center No. \_\_\_\_\_

Registration District No. 73  
Primary Registration District No. 3006

File No. 289  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

Eppa Frances Ginn  
(a) Residence No. 717 Wilkes Blvd St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. 4 ds. How long in U.S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Belle Lorraine</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Mar 1 - 1857</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>9</u>
	DAYS <u>18</u>	IF LESS than 1 day, _____ hrs. or _____ min.

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

9. BIRTHPLACE (CITY OR TOWN) Dreuxburg  
(STATE OR COUNTRY) Ind

10. NAME OF FATHER Hiram Lorraine  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not known  
(STATE OR COUNTRY) \_\_\_\_\_  
12. MAIDEN NAME OF MOTHER Wagon McQuinn  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not known  
(STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Ray Lorraine  
(Address) 717 Wilkes Blvd

15. FILED 12-19-29 Bertie Grews  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 19 1929  
17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, and that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at 8:20 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Carcinoma of Stomach  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
CONTRIBUTORY (SECONDARY) 4/4 (duration) yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_  
WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
(Signed) Robert H. Simpson M. D.  
\_\_\_\_\_, 19\_\_\_\_ (Address)

\*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 Bowels Chapel DATE OF BURIAL Dec 20 19 29  
20. UNDERTAKER R. H. Baker ADDRESS Columbia

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.

12-19-29

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