MAY 23 1930

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

Do not use this space.

12101

1. PLACE OF DEATH
County Cole — Registration District No. 215 — File No.
Township Liberty — Primary Registration District No. ~~3014~~ — Registered No. 98
City (No. 5295 St. Ward)

2. FULL NAME Frank Kerperin
(a) Residence. No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Adelaide Kerperin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 22-1862

7. AGE — YEARS: 62 — MONTHS: 3 — DAYS: 11 — If LESS than 1 day, hrs. or min.

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

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

PARENTS
10. NAME OF FATHER: John H. Kerperin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Holland
12. MAIDEN NAME OF MOTHER: Anna Aling
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Henry Kerperin
(Address) Poas. Mo

15. FILED 5/4/1930 S. O. Bedford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 3- 1930

17. I HEREBY CERTIFY, That I attended deceased from 3/28/30, 1930, to Apr 3, 1930 that I last saw ~~him~~ alive on Apr 3, 1930, and that death occurred, on the date stated above, at 10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
10%

(duration) 10 days yrs. mos. 7 ds.

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

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? Symptoms
(Signed) L. A. T. Meyer, M. D.
4/4, 1930 (Address) Jefferson City 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: Poas. Mo. — DATE OF BURIAL: 4-7-1930.

20. UNDERTAKER: C. P. Heinrichs — ADDRESS: J.C. Mo

...—Every item of ... should be stated EXACTLY. PHYSICIANS should state ...SE OF DEATH in pl... that it may be ... classified. Exact statement of OCCUPATION is very important.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County Cole — Registration District No. 215 — File No.
Township Liberty — Primary Registration District No. 5295 — Registered No. 98
City (No. , St. Ward)

2. FULL NAME Frank Kerperin
(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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Adeleide Kerperin

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 22-1862

7. AGE: X 67 X — YEARS: 67 — MONTHS: 3 — DAYS: 11 — If LESS than 1 day, hrs. or min.

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

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

PARENTS
10. NAME OF FATHER: John H. Kerperin
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Holland
12. MAIDEN NAME OF MOTHER: Anna Aling
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Germany

14. INFORMANT: Henry Kerperin
(Address): Toas Mo

15. FILED 6-5 1930 L. T. Cruse X
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Symptoms
4/4 (Signed) L. A. T. Meyer, M.D.
4/4, 1930 (Address) Jefferson City Mo

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19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Toas Mo — DATE OF BURIAL: 4/7 1930

20. UNDERTAKER: C. P. Heinrich — ADDRESS: J. City Mo

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT REQUIRE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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