

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

Do not use this space.

39482

1. PLACE OF DEATH

County Jackson Registration District No. 082
Township Kaw Primary Registration District No. 301
City Kansas City (No. St. Marys Hospital)
File No. _____
Registered No. 50154 St. _____ Ward)

2. FULL NAME John C. Reppert

(a) Residence No. 1706 Summit St. 3 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 Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 18th 1890</u>		
7. AGE 40	YEARS 6	MONTHS 27
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Brakeman Frisco R.R.</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

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

PARENTS	10. NAME OF FATHER <u>John C Reppert</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>
	12. MAIDEN NAME OF MOTHER <u>Fennie Connell</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>

14. **Brother**
INFORMANT Clarence Reppert
(Address) 7220 Bellview Ave

15. FILED 1716 19 30 M. M. Brown
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 15th 30 19
17. I HEREBY CERTIFY That I attended deceased from May 20, 1930, to Dec 15, 1930, that I last saw him alive on 12-19, 1930, and that death occurred, on the date stated above, at 1:13 a. m.

51A THE CAUSE OF DEATH* WAS AS FOLLOWS:
Recurrent Hypertension
532 Rx Kidney region with
2 metastases lungs, liver
& glands. (duration) yrs. 3 mos. ds.
CONTRIBUTORY Secondary Infection
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED unknown
(IF NOT AT PLACE OF DEATH)
DID AN OPERATION PRECEDE DEATH? yes DATE OF _____
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) James R. Gray, M. D.
12/16, 1930 (Address) 802 West 10th St

*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 **Burial**
Rich Hill Mo DATE OF BURIAL Dec 17th 30
19

20. UNDERTAKER Gates Funeral Home ADDRESS Kansas City
Kans

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

