

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

Do not use this space.

11177

1. PLACE OF DEATH  
County Randolph Registration District No. 732  
Township Jesse Primary Registration District No. 4437  
City Jesse No. 7 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Gerry Clifford Epperly  
(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. da. How long in U. S., if of foreign birth? yrs. mos. da.

File No. \_\_\_\_\_  
Registered No. 6  
St. \_\_\_\_\_ Ward \_\_\_\_\_

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) July 22-1930  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8 8 25

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

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

10. NAME OF FATHER Henry Epperly  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hannibal Mo  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Christine Wallentz  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Jesse Mo  
(STATE OR COUNTRY)

14. INFORMANT Christine Wallentz  
(Address) Jesse Mo

15. FILED 3/18 1931 C. F. Burchhalter  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 18 1931  
17. I HEREBY CERTIFY, That I attended deceased from March 17, 1931, to Mar 18, 1931, that I last saw him alive on March 17, 1931, and that death occurred, on the date stated above, at 1:30 a m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Broncho Pneumonia  
107 A  
106 A  
(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Acute Bronchitis  
107 A  
(duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED  
WTA  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? NO DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Stain  
(Signed) C. F. Burchhalter M. D.  
3/18 1931 (Address) Jesse 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 City Cemetery, Jesse Mo  
DATE OF BURIAL Mar. 19 1931

20. UNDERTAKER Job W. Burton  
ADDRESS Jesse

X. 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.

APR 25 1931

