

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

Do not use this space.

14026

1. PLACE OF DEATH

County Jackson Registration District No. 398
Township J. 2 East Primary Registration District No. 3019
City Independence (No. Indep. Sanitarium) St. _____ Ward _____

File No. _____
Registered No. 145- St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 10 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident, give city or town and State)

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 Connie Epps married

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17-1890

7. AGE YEARS 40 MONTHS 8 DAY 25 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Idaho

MOTHER 13. NAME Joe Epps

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER 15. MAIDEN NAME Taylor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT E. Epps (ADDRESS) 698 1/2 Prospect

18. BURIAL, CREMATION, OR REMOVAL Local Hills PLACE Raytown, Mo. DATE 4-14

19. UNDERTAKER E. H. Webb (ADDRESS) 1516 Spruce and

20. FILED 4-11 1931 J. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11th 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 20th 19 to 19, 1931

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 2:00 P.M.

The principal cause of death and related causes of importance were as follows:

Right lung haematomata
Internal Hemorrhage
21077
Autonobetic
Fracture of skull

Other contributory causes of importance _____

Name of operation _____ Date of operation _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (poison, accident, suicide, or homicide), fill in also the following: _____
Date of injury _____
Where did injury occur? occurred east of Blue Springs
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. no

Manner of injury Collision Motor Buss
Nature of injury lacerated lung & internal hemorrhage

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) E. H. Webb, M. D.
(Address) Independence Mo

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.

MAY 28 1931

