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

Do not use this space.

37962

1. PLACE OF DEATH
County Jackson Registration District No. 403 File No.
Township Brooking Primary Registration District No. 5557 Registered No.
City Raytown (No. 5516, Raytown Road St. Ward)

2. FULL NAME Austin L. Epperson

(a) Residence, No. 5516 Raytown Road Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

DEC 22 1931

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) Aug 26 - 1856

7. AGE: Years 75 | Months 2 | Days 6 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Board of Trade
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) Indiana

FATHER
13. NAME William Epperson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Ratchel Hawkins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT Mrs. N. T. Albertson
(ADDRESS) 5516 Raytown Road

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE Nov 4 1931

19. UNDERTAKER D. H. Newcomer's Sons
(ADDRESS) 2111 Cent 9 5 26

20. FILED 11-4 1931 W. H. Hall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 2, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1931, to Oct 29, 1931
I last saw him alive on Oct 29, 1931. Death is said to have occurred on the date stated above, at 10:10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Oct 26 31
823	
1074	

Other contributory causes of importance:
Cerebral Hemorrhage

Name of operation — Date of
What test confirmed diagnosis? Physical sign Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify No
(Signed) W. W. Hall, M. D.
(Address) Raytown 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.

Raytown, Mo
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