

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

Do not use this space.

**1. PLACE OF DEATH**

County Cass Registration District No. 651  
 Township Little Prairie Primary Registration District No. 4388  
 City Cassville, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 41749  
 Registered No. 1780

**2. FULL NAME**

Linney Newton Hepler  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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 Cecilia Hepler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-27-1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70 7 2

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

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) about 10 yrs 11. Total time (years) spent in this occupation 4 1/2

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

13. NAME N. C.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. C.

15. MAIDEN NAME Katie Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. C.

17. INFORMANT (ADDRESS) Wesley Hepler  
Cassville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Cemetery DATE 12-30-31

19. UNDERTAKER (ADDRESS) W. S. Smith  
Cassville, Mo.

20. FILED Jan. 9 1933 Ada Moten  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-29 1931

22. I HEREBY CERTIFY that I attended deceased from Dec. 20 1931, to Dec. 29 1931  
 (last saw him alive on Dec. 28 1931. Death is said to have occurred on the date stated above, at 6:30 p.m.

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

Nephritis, Interstitial, Acute  
150 / 130  
162

Other contributory causes of importance: Advanced Age

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical 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 \_\_\_\_\_

(Signed) W. S. Smith M. D.  
 (Address) Cassville, 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.

PROPERTY RESERVED FOR BINDING

1302

