

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

Do not use this space.

551

1. PLACE OF DEATH
 26 County Gole Liberty Registration District No. 213-
 Township Liberty Primary Registration District No. 5-293
 City Liberty (No. _____) St. _____ Ward _____

2. FULL NAME Fred Kerperin
 (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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (or) WIFE OF <u>Mrs. Fred Kerperin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 8-1850</u>		
7. AGE	YEARS	MONTHS
<u>81</u>	<u>7</u>	<u>24</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
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) <u>Paos Mo.</u>		
FATHER	13. NAME <u>Frank Kerperin</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Mrs. Fred Kerperin</u> (ADDRESS) <u>Paos Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Paos Mo.</u> DATE <u>1-4-32</u>		
19. UNDERTAKER <u>Chas. J. Newrich</u> (ADDRESS) <u>Paos Mo.</u>		
20. FILED <u>1-5-32</u> <u>W. Bedford</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 1, 1932

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____
 I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Apoplexy
82A
97
82A
 Other contributory causes of importance:
Arteriosclerosis

Name of operation None Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No 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 _____ 1

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

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. FEB 23 1932

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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Call
Township Liberty
City _____ (No. _____)

Registration District No. 215
Primary Registration District No. 2295

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Gred Kerperin
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Miss Fred Kerperin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 8 - 1870</u>		
7. AGE	YEARS <u>81</u>	MONTHS <u>7</u>
	DAYS <u>23</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>Taos mo</u>		
MOTHER FATHER	13. NAME <u>Frank Kerperin</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Unmarried</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Miss Fred Kerperin</u> (ADDRESS) <u>Taos mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Taos mo</u> DATE <u>1-4-32</u>		
19. UNDERTAKER <u>Thos P. Heinrich</u> (ADDRESS) <u>J. City mo</u>		
20. FILED <u>3-5</u> 19 <u>32</u> <u>J. F. Cruise</u> Registrar		

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Name of operation none Date of _____

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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) J. V. Bedford M.D.
(Address) J. City mo

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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