

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

Do not use this space.

5782

1. PLACE OF DEATH

88
68
8
County Randolph Registration District No. 735
Township _____ Primary Registration District No. 3034
City Moberly (No. Wabash Hospital)

File No. _____
Registered No. 288
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 818 Mc Kinley St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 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 Ora Epperson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 7 28

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

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

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) Mo 1

MOTHER FATHER 13. NAME James Epperson 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky 2

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

17. INFORMANT Mrs Ora Epperson (ADDRESS) Moberly Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly Mo DATE Mar 2nd 1932

19. UNDERTAKER Mahan Ben (ADDRESS) Moberly Mo

20. FILED 3/2 1932 Thos. S. Fleming Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 29th 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1932, to Feb 29, 1932

I last saw him alive on Feb 29, 1932 Death is said to have occurred on the date stated above, at 8:50 a.m.

The principal cause of death and related causes of importance were as follows:
Chronic myocarditis Date of onset _____

Other contributory causes of importance:
Hypertension
930
102
930

Name of operation _____ Date of _____
What test confirmed diagnosis? C. P. Laboratory Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following: No
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) Max E. Kaiser, M. D.
(Address) Moberly, 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.

MAR 24 1932

