

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

Do not use this space.

20766

1. PLACE OF DEATH

96 County Laura Co Registration District No. 1123
 Township Coronados Primary Registration District No. 8548 E File No. _____
 City _____ (No. 99012) Stilwell St. _____ Ward _____
 Registered No. 808

2. FULL NAME

Emily Wepling
 (a) Residence No. 9507 1/2 Woodrow 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 Female 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 Clay Kerling

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 3 1888

7. AGE YEARS MONTHS DAYS If less than 1 day, hrs. min.
51 4 20

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work House work
 (b) General nature of industry, business, or establishment in which employed (or employer) H. Home
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Switzerland
 (STATE OR COUNTRY)

10. NAME OF FATHER Fred. Meier

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Switzerland
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mat. Kern

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mat. Kern
 (STATE OR COUNTRY)

14. INFORMANT Clay Kerling
 (Address) 9507 1/2 Woodrow

15. Jan 24 32 L. C. O'neil M. D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH, (MONTH, DAY AND YEAR) June 23 1932

17. I HEREBY CERTIFY, That I attended deceased from June 20, 1932 to June 20, 1932
 that I last saw him alive on June 23, 1932 and that death occurred, on the date stated above, at 9:10 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Paralysis of left side
93 D
67 D
 (duration) 50 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Myocarditis & Dropsy
 (duration) _____ yrs. 2 mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED 93 D
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) D. H. Tate M. D.
 , 19 _____ (Address) 9439 Edgar Ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL H. Matthews DATE OF BURIAL June 26 1932

20. UNDERTAKER Fendley, H. C. Michels ADDRESS 4319

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.

27 1932

