

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.

SEP 26 1932

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

Do not use this space.

27069

1. PLACE OF DEATH
 County Marion Registration District No. 725
 Township Center Primary Registration District No. 444
 City Center (No. 5956) St. _____ Ward _____

2. FULL NAME Edward Calvin Epperson
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 90 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 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 Esther Epperson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 30 1873

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>58</u>	<u>7</u>	<u>17</u>	

OCCUPATION

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

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

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) Pike County Mo

FATHER

13. NAME Wm Epperson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co Mo

MOTHER

15. MAIDEN NAME Barah Turley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike County

17. INFORMANT Mrs Esther Epperson
(ADDRESS) Center Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Oliver Cem DATE Aug 19 1932

19. UNDERTAKER Edgar Fields
(ADDRESS) Frankford Mo

20. FILED Aug 19 1932 J. G. Howard
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 17 1932

22. I HEREBY CERTIFY, That I attended deceased from Mich. 1931, 19____, to Aug. 17, 1932
 I last saw him alive on aug. 17, 1932. Death is said to have occurred on the date stated above, at 7 P. m..
 The principal cause of death and related causes of importance were as follows:
arteriosclerosis +
leakage of heart
92A
91
92A

Other contributory causes of importance: _____

Name of operation none Date of _____
 What test confirmed diagnosis? observed Was there an autopsy? _____

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? Y. O.
 If so, specify _____
 (Signed) T. M. Marston, M. D.
 (Address) Center Mo

10132