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.

NOV 29 1932

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

Do not use this space.

31241

1. PLACE OF DEATH

107 County Texas Co Mo — Registration District No. ~~864~~ 1077 — File No. 23

Township Carroll — Primary Registration District No. 6140 — Registered No.

City ~~Summerville Mo~~ (No. ..... St. ..... Ward)

2. FULL NAME John Franklin Epperson

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lidie S West

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 7 - 1842

7. AGE: 90 — YEARS: 90 — MONTHS: 5 — DAYS: 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Soldier 1948
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 162
10. Date deceased last worked at this occupation (month and year): /
11. Total time (years) spent in this occupation: 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clark Co Ky 2

FATHER

13. NAME: Dock Know 8
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dock Know 31

MOTHER

15. MAIDEN NAME: Dock Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dock Know

17. INFORMANT (ADDRESS): Bell Epperson Summerville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bethel Cemetery DATE: Sept 25 1932

19. UNDERTAKER (ADDRESS): John Dunkin Int Tex

20. FILED: 10-6, 1932 L H Wallen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1932, to Sept. 24, 1932

I last saw him alive on Sept. 24, 1932 Death is said to have occurred on the date stated above, at 4 P m.

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

Fracture of Surgical Neck of Femur

Old age

Date of onset

Other contributory causes of importance:

(1)

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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 Sept 20, 1932

Where did injury occur? in right Cup (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury: Fracture of Surgical Neck

Nature of injury: .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) L H Wallen M.D., M

(Address) Summerville Mo