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.

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

Do not use this space.

32220

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. 3745

City Kansas City (No. 3710 Gillham Road St. Ward)

2. FULL NAME Joseph Greer Peppard

(a) Residence, No. 3710 Gillham Road 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julia List Peppard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15, 1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	74	0	19	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Founder J.G. Peppard Seed Co.

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) New Orleans Louisiana 2

FATHER

13. NAME Joseph Greer Peppard 8

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Orleans Louisiana

MOTHER

15. MAIDEN NAME Margaret Schuman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey

17. INFORMANT (ADDRESS) John List Peppard 3710 Gillham Road

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Mt. Washington cem DATE Oct 5, 1932

19. UNDERTAKER (ADDRESS) Stine & McClure 3235 Gillham Plaza

20. FILED 10-6, 1932 M. M. Crowe Asst Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1932, to Oct. 4, 1932

I last saw him alive on Oct. 4, 1932. Death is said to have occurred on the date stated above, at 9:55 a.m.

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

Pulmonary edema — Date of onset 10/2/32

93C 93C

111B

Other contributory causes of importance: Chronic Myocarditis

Name of operation — Date of

What test confirmed diagnosis? Clinical — Was there an autopsy? No

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? No

If so, specify

(Signed) H. P. Boughton, M. D.

(Address) 1 S 32 Prof Bldg K.C.M.

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