

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.

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

Do not use this space.

35343

1. PLACE OF DEATH

7 County GASCONADE
2 Township
6 City HERMANN (No.)

Registration District No. 303
Primary Registration District No. 4182

File No.
Registered No. 22 St. Ward)

2. FULL NAME

MARY EPPLE

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 63 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 <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>SINGLE</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>APRIL 28-1848</u>		
7. AGE <u>84</u>	YEARS <u>7</u>	MONTHS <u>0</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>HOUSEKEEPER</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <input checked="" type="checkbox"/>
10. Date deceased last worked at this occupation (month and year) <input checked="" type="checkbox"/>		11. Total time (years) spent in this occupation <input checked="" type="checkbox"/>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>LITTLE BERGER, MISSOURI</u>		
13. NAME <u>GEORGE EPPLE</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>GERMANY 10</u>		
15. MAIDEN NAME <u>UNKNOWN</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>GERMANY</u>		
17. INFORMANT <u>Mrs. A. Boman</u> (ADDRESS) <u>ST. LOUIS MO</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>ST. GEORGES Cem.</u> DATE <u>11/30 1932</u>		
19. UNDERTAKER <u>HUGO BLUMER</u> (ADDRESS) <u>HERMANN MO</u>		
20. FILED <u>11-29 1932</u> <u>Anna K. Rickhoff</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 28 1932

22. I HEREBY CERTIFY That I attended deceased from Nov 18 1932 to Nov 28 1932
I last saw him alive on Nov 27 1932 Death is said to have occurred on the date stated above, at 1056 a.
The principal cause of death and related causes of importance were as follows:
apoplexy
82A J. J. W.
Other contributory causes of importance:
0

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....., 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?
If so, specify J. H. Laughlin, M. D.
(Signed) St. Louis Mo
(Address) St. Louis Mo

