

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

Do not use this space.

17310

1. PLACE OF DEATH

County Madaway Registration District No. 626
 Township Independence Primary Registration District No. 476
 City (No. 3898) St. _____ Ward _____

2. FULL NAME Richard Hepburn

(a) Residence, No. _____ 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 <u>M</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 18, 1951</u>		
7. AGE	YEARS	MONTHS
	<u>81</u>	<u>11</u>
		<u>14</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____	
	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) Canada

13. NAME Thomas Hepburn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

15. MAIDEN NAME Jeanette Laughton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

17. INFORMANT (ADDRESS) James Hepburn Hopkins Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Gaynor DATE May 3, 1933

19. UNDERTAKER (ADDRESS) Phine Gordon & Young Hopkins Mo

20. FILED May 11, 1933 Chas Campbell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from 571, 1933 to 572, 1933
 I last saw him alive on 571, 1933 Death is said to have occurred on the date stated above, at 1 P.M.
 The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
97
Anterior Sclerosis
 Date of onset 7/1/33

Other contributory causes of importance:
Anterior Sclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis Physical 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) C. W. Kirk M. D.
 (Address) Hopkins Mo

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.
 JUN 23 1933

