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. 37114

60

1. PLACE OF DEATH
County McDonald — Registration District No. 518 — File No. 1-1933
Township McMillin — Primary Registration District No. 5694 — Registered No. 35
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME George Washington Epperson
(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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura Epperson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 19-1848

7. AGE — YEARS: 85 — MONTHS: 1 — DAYS: 11 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
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) Ill

FATHER
13. NAME Aphrey Epperson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not Know

17. INFORMANT (ADDRESS) Anna Wilson Anderson Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Anderson Mo DATE 12/1 1933

19. UNDERTAKER (ADDRESS) Geo Tatum Mer C Anderson Mo

20. FILED Nov 30, 1933 Andrew Mitchell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1933, to Sept 20, 1933
I last saw him alive on Sept 20, 1933 Death is said to have occurred on the date stated above, at 2 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	

Other contributory causes of importance:

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 .....
(Signed) A. U. Chase, M. D.
(Address) Tiff City Mo