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.

17496

1. PLACE OF DEATH
County Montgomery — Registration District No. 593 — File No. 17
Township Bear Creek — Primary Registration District No. ~~4354~~ 5946B — Registered No. 17
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME William B Jepson
(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 Mary Jepson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28 1854
7. AGE YEARS 79 MONTHS 9 DAYS 3 If LESS than 1 day, ... hrs., or ..... min.

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

FATHER
13. NAME Simpson Jepson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ken.

MOTHER
15. MAIDEN NAME Newland
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ken.

17. INFORMANT (ADDRESS) Mrs Mary Jepson
18. BURIAL, CREMATION, OR REMOVAL
PLACE Janesburg DATE 5-2 1934
19. UNDERTAKER (ADDRESS) C M Thurman Janesburg
20. FILED 5/10 1934 James O. Helm M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1, 1934
22. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1930, to May 1, 1934
I last saw him alive on May 1, 1934 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:

	Date of onset
Cerebral Haemorrhage	5 days
Convenience of neck (lf. side)	3 yrs.
536	
824	

Other contributory causes of importance:

Name of operation No. 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? .....
If so, specify .....
(Signed) James O. Helm, M. D.
(Address) New Florence, Mo.