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.

File No. 21170
Registered No. 46

1. PLACE OF DEATH

64 County: Marion — Registration District No. 548

2 Township: ~~Liberty~~ — Primary Registration District No. 4323

2 City: Palmyra (No. ..., ... St. ... Ward)

2. FULL NAME Fred L. Voepel

(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 64 yrs. 8 mos. 28 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 Louise Nill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-20-1869

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
64	8	28	

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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palmyra, Marion, County Missouri

FATHER

13. NAME John Voepel

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

MOTHER

15. MAIDEN NAME Elizabeth Dietzel

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

17. INFORMANT Herman Voepel
(ADDRESS) Palmyra, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood Cemetery DATE Palmyra 6-21-34, 19...

19. UNDERTAKER John C. Mead
(ADDRESS) Palmyra, Mo.

20. FILED 6-19-34, Gertrude Lee
Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June, 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from March, 10th., 1934, to June, 18th., 1934

I last saw him alive on June 18th., 1934. Death is said to have occurred on the date stated above, at 11P.m.

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

	Date of onset
Pancreatitis, Hemorrhagic	
Sudden death evidently due	
toErosive Hemorrhage into	
Pancreas with Peratonitis	June, 13, 1934

Other contributory causes of importance:

Ruptured Viscus

Name of operation None Date of ...

What test confirmed diagnosis? ... 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) Dr. Norton Toomey, M. D.

(Address) Toomey Clinic, Palmyra, Mo.