

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.

SEP 1 1934

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

Do not use this space.

28526

1. PLACE OF DEATH

County Camden
Township Osage
City Osage (No. 1)

Registration District No. 117
Primary Registration District No. 3167

File No. 14
Registered No. 14
St. Osage Ward 1

2. FULL NAME

(a) Residence, No. Belvidere, Ill. Ward 1
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30 - 1907

7. AGE YEARS 27 MONTHS 19 DAYS 19 If LESS than 1 day, hrs. or min.

OCCUPATION * 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Civil Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ill. state of highway

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) Belvidere Ill.13. NAME G. J. Van Epps14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belvidere Ill.15. MAIDEN NAME Daisy Sterling16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belvidere Ill.17. INFORMANT (ADDRESS) Floyd Van Epps - sec. Belvidere18. BURIAL, CREMATION, OR REMOVAL PLACE Belvidere DATE Aug 29 193419. UNDERTAKER (ADDRESS) Abbie Bankson20. FILED Sept 10 1934 Loggia Miller Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18 193422. I HEREBY CERTIFY, That I examined deceased male Aug 28, 1934, to viewed, 1934

Last seen alive on Aug 18 - 1934, 1934 Death is said to have occurred on the date stated above Aug 18 - 1934 m.

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

Accidental drowning Date of onset Aug 18 - 1934
in main body of Lake Ozark - 1 mi from below Osage Inn on H. S. Highway, ferry across lake -

Other contributory causes of importance:

Body lost Aug 18 - 1934
recovered Aug 28 - 1934

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 _____, 1934

Where did injury occur? _____ (Specify city or town, county, and State)

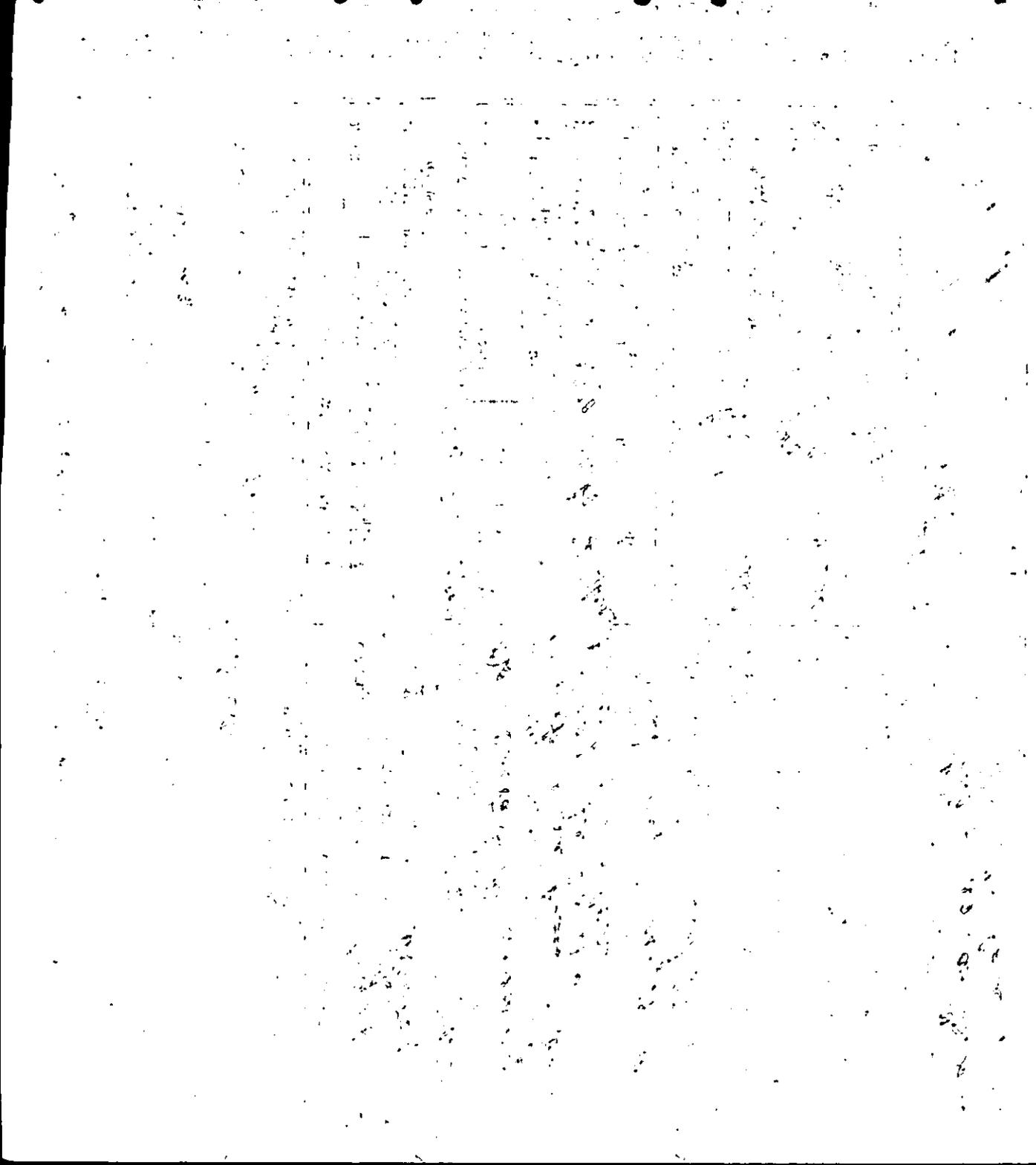
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify Abbie Bankson Coroner(Signed) Camden, Mo, M. D.(Address) Camden, Mo



London

WASHINGTON

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Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Leonard Ewert Van Epps
Who died at _____ on Aug 18 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex M Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 27 Months 0 Days 19

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____
Birthplace (State or country) _____
Birthplace of father (State or country) Accidental drowning in Lake of Ozarks near Henry, Mo
Birthplace of mother (State or country) near Highway 5 about 5 miles
Principal cause of death: frankly accidental. There was a boat

Other contributory causes of importance _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician _____
Address of physician _____

(Signature of Registrar) Logan Keller Date filed Sept 10-34
This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 117 Very truly yours,
Primary Reg. Dist. No. 5167 E. J. Mc Gaugh m.d.
g.c.

Special Agent.

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