

FEB 20 1935

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

Do not use this space.

1. PLACE OF DEATH

County Butler Registration District No. 89 File No. 352
Township Poplar Bluff Primary Registration District No. 5131 Registered No. 7
City _____ (No. 2 mi South of P.B.) St. _____ Ward _____

2. FULL NAME

Mary Louise Epps
(a) Residence, No. 2 mi. S. of P.B. Mo. 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>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>T. A. Epps</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 8, 1867</u>		
7. AGE YEARS <u>67</u>	MONTHS <u>4</u>	DAYS <u>25</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>House work</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) <u>Butler County</u> (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>E. Miller</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Tenn.</u> (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Narcissus Epps</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Missouri</u> (STATE OR COUNTRY)	
17. INFORMANT <u>Fred Epps</u> (ADDRESS) <u>Poplar Bluff, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Black Creek</u> DATE <u>Jan. 4, 1935</u>		
19. UNDERTAKER <u>Greer Undertaking Co.</u> (ADDRESS) <u>Poplar Bluff, Mo.</u>		
20. FILED <u>1/6</u> 19 <u>35</u> <u>O. C. Cutsinger</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1935, to Jan 3, 1935.
I last saw him alive on Jan 3, 1935. Death is said to have occurred on the date stated above, at 9:15 P.M.
The principal cause of death and related causes of importance were as follows:
Date of onset 12/21/34
serum poisoning
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Other contributory causes of importance:
Chronic Hypertension
Name of operation _____ Date of _____
What test confirmed diagnosis? Chronic Hypertension Was there an autopsy? Yes

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) J. Lee Harwell M. D.
(Address) Poplar Bluff, Mo.

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.

