

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

Do not use this space.

1. PLACE OF DEATH
 FEB 25 1935
 Jasper

County Jasper
 Township Opheim Mo.
 City Opheim Mo. (No. 316 No. Harlem)

Registration District No. 411
 Primary Registration District No. 2002

File No. 1750
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME Mrs. Isabelle Etta Keppford

(a) Residence, No. 316 No. Harlem 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Keppford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 16-1877
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63. 8 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wife
 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) Indiana

13. NAME Charles Vinson

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

15. MAIDEN NAME Martha Perry

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

17. INFORMANT (ADDRESS) Ordeen J. Kepp
316 No. Harlem

18. BURIAL, CREMATION, OR REMOVAL PLACE Opheim Mortuary DATE Jan 23 1935

19. UNDERTAKER (ADDRESS) Frank - Stevens Co
Jasper Mo

20. FILED 1-22-35 Ed Djerme
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 20 1935
 22. I HEREBY CERTIFY, That I attended deceased from Jan 12 1935 to Jan 20 1935
 I last saw her alive on Jan 20 1935 Death is said to have occurred on the date stated above, at 5-7 m.

The principal cause of death and related causes of importance were as follows:
Polio. Pneumonia
 Date of onset _____
 Other contributory causes of importance: See

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) Wm. Bruce White, M. D.
 (Address) Jasper Mo

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.

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