

MAY 5 1935

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

Do not use this space.

14086

## 1. PLACE OF DEATH

County *St. Clair*Registration District No. *1005*Township *Boyle*Primary Registration District No. *4089*City *Waverly* (No. ....)

File No. ....

Registered No. ....

2. FULL NAME *Stokes Zepher*

(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 *2* yrs. *0* mos. *0* ds. How long in U. S., if of foreign birth? *2* yrs. *0* mos. *0* ds.

## 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)

*May 15 1854*

## 7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, ..... hrs. or ..... min.

*78**11**15*

## 8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

## 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)

*North Carolina*

## 13. NAME

*Cornelius Zepher*

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

## 15. MAIDEN NAME

*Quina Nora*

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

## 17. INFORMANT (ADDRESS)

*Cornelius Zepher*

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE *Union Cemetery* DATE *May 17 1935*

## 19. UNDERTAKER (ADDRESS)

*Paul Hirstone  
Cassidy, Mo.*

## 20. FILED

*April 30 1935* *J. T. Davis*  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 29<sup>th</sup> 1935*22. I HEREBY CERTIFY, That I attended deceased from *April 27<sup>th</sup> 1935* to *April 29<sup>th</sup> 1935*I last saw him alive on *April 27<sup>th</sup> 1935* Death is saidto have occurred on the date stated above, at *11:45 a.m.*

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

*Autotoxemia from hemorrhage & enlarged prostate gland with cystitis.* Date of onset

Other contributory causes of importance:

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? *no*  
If so, specify \_\_\_\_\_(Signed) *W. Ward*, M. D.(Address) *Acosta, 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.

