

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

Do not use this space.

36499 #
~~36465A~~

DEC 19 1935

1. PLACE OF DEATH
 County Jasper Registration District No. 415
 Township _____ Primary Registration District No. 4247
 City Reeds Mo. (No. _____) St. _____ Ward _____

2. FULL NAME Jack T. Epperson
 (a) Residence, No. Reeds 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. 1 mos. 2 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 18th 1935
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hr. or _____ min.
0 1 2
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
 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) Reeds Mo.

13. NAME Chade Epperson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mo.

15. MAIDEN NAME Helen Hendrix
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohler Mo.

17. INFORMANT (ADDRESS) Chade Epperson Reeds Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Reeds Cemetery DATE Nov 21st 1935

19. UNDERTAKER (ADDRESS) Oliver Funeral Director Reeds Mo.

20. FILED 11/21 1935 Wes L. Bagdon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 20th 1935
 22. I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1935 to Nov 20, 1935
 I last saw him alive on Nov 20, 1935. Death is said to have occurred on the date stated above, at 4:20 p.m.

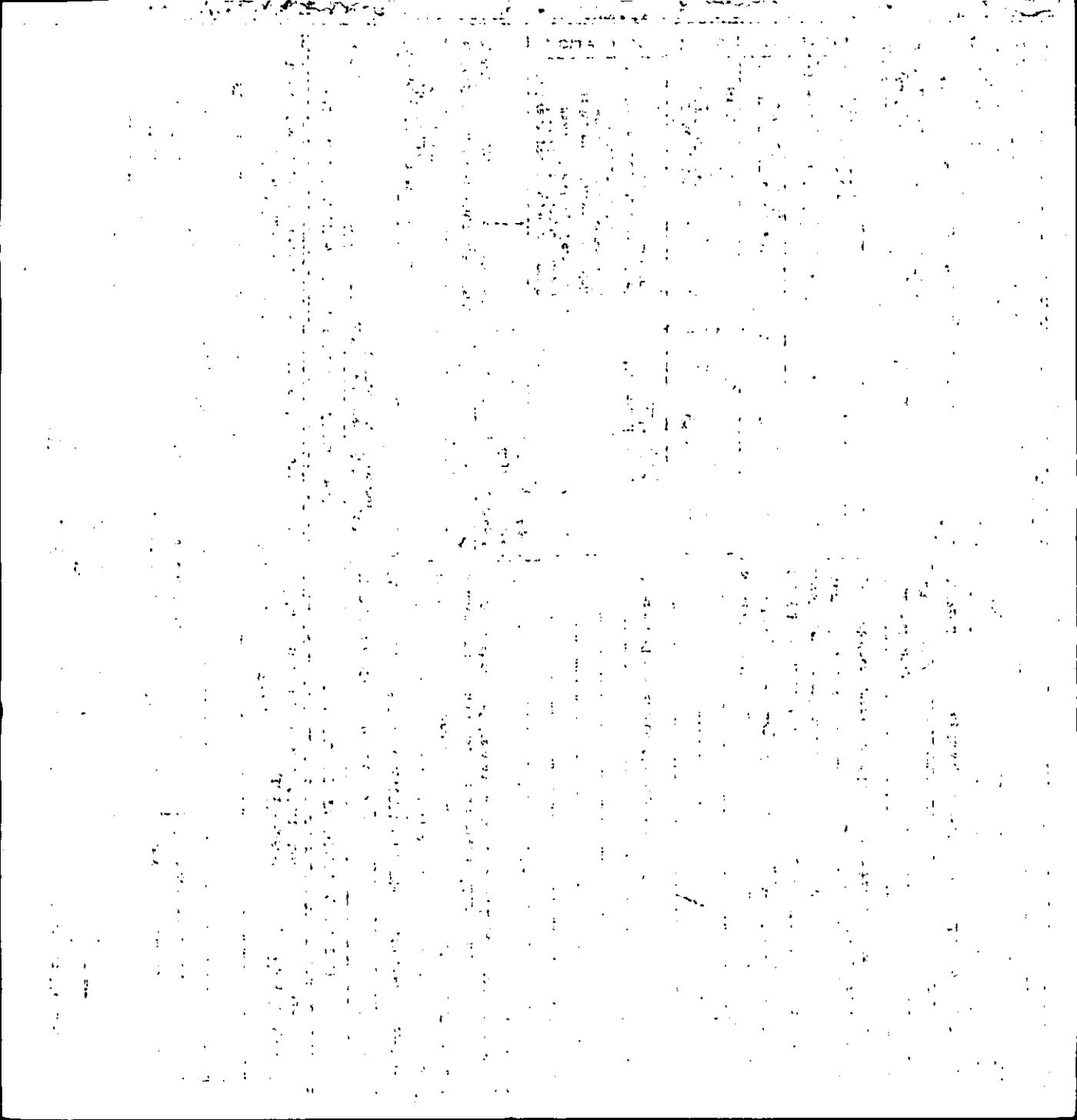
The principal cause of death and related causes of importance were as follows:
Broncho Pneumonia Date of onset 11-1-35
 Other contributory causes of importance: NO

Name of operation _____ Date of _____
 What test confirmed diagnosis? Lab. 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) J. W. Bunch, M. D.
 (Address) Reeds Mo.



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

ALL INFORMATION OBTAINED
 FOR MUST BE WRITTEN ON
 THIS SUPPLEMENTARY.
Do not use this space.

1. PLACE OF DEATH

County Jasper
 Township Reeds mo.
 City Reeds mo. (No., St. Ward)

Registration District No. 415
 Primary Registration District No. 4247

File No.
 Registered No.

2. FULL NAME

Jack S. Epperson

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) C

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 1 2

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 1/21 19 Geo. L. Bragdon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 20 1920

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw h..... alive on 19..... Death is said

to have occurred on the date stated above, at m.

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

Broncho pneumonia Date of onset

Influenza

Other contributory causes of importance: 11a

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) J. W. Bond , M. D.

(Address) Sanchez mo.

SUPPLEMENTARY

5-36463-1

SECRET