

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

Do not use this space.

DEC 19 1935

35727

1. PLACE OF DEATH

County Melby Registration District No. 364
Township John Henry Primary Registration District No. 5759
City Eldon, Theres Home St. _____ Ward _____

2. FULL NAME

Autore Lepper
(a) Residence, No. Marys Home No. St. _____ Ward _____
(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 <u>male</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>Maggie Lepper</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 10 - 1848</u>		
7. AGE	YEARS <u>87</u>	MONTHS _____
	DAYS <u>9</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>Farmer</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) (STATE OR COUNTRY) <u>Westphalia Mo.</u>		
FATHER	13. NAME <u>Frank Lepper</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____	
MOTHER	15. MAIDEN NAME <u>Mary Paasjohn</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____	
17. INFORMANT (ADDRESS) <u>Herman Lepper</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Marys Home No.</u> DATE <u>11/20</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>Paul Schell</u> <u>Engine Mo.</u>		
20. FILED <u>Nov 19</u> 19 <u>35</u> <u>DIT/Conne</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/19 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/10 1935, to 11/19 1935.
I last saw him alive on 11/18 1935. Death is said to have occurred on the date stated above, at 12:15 AM.
The principal cause of death and related causes of importance were as follows:
myocarditis
arterio sclerosis

Date of onset 2

Other contributory causes of importance:
arterio sclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? Chemical 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) G. D. Walker, M. D.
(Address) Eldon 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.

