

N. B.—Every item of information should be carefully supplied. AGE must 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.

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

Do not use this space.

872
14

1. PLACE OF DEATH

County Gasconade
Township Richland
City (No.)

Registration District No. 304
Primary Registration District No. 5421

File No.
Registered No.
St. Ward

2. FULL NAME

(a) Residence, No. Anton Eppler 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 Male 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 Katie Eppler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 27-1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 69 69 3 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farmer
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) Gasconade Co Mo

13. NAME Edw Eppler

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

15. MAIDEN NAME Neumann

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

17. INFORMANT (ADDRESS) Mrs. Eppler

18. BURIAL, CREMATION, OR REMOVAL PLACE Morrison DATE 1

19. UNDERTAKER (ADDRESS) Hugo Blumer

20. FILED 1-18 1936 F. L. KILKER Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-14, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-14, 1936, to 1-14, 1936

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:

Suicide by
hanging
Coronary
Other contributory causes of importance: Verdict

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.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) CA Burger, M. D.

(Address) Coronary

Blum

1936
1866
69