

MAR 20 1936

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

Do not use this space.

## 1. PLACE OF DEATH

County KnoxRegistration District No. 1029Township SheltonPrimary Registration District No. 3602

City

(No. )

File No. 127 6544Registered No. 127

St. Ward

## 2. FULL NAME

(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)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Estee Spencer6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 21, 1894

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

411120

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Knox Co Mo.

10. NAME OF FATHER

Jessie Epperson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Mina Humphrey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14.

INFORMANT

(Address)

Mrs. Cyrus Epperson  
Hurdland Mo

15.

FILED

2/12 1936

M. C. Howerton

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 11 1936

17.

I HEREBY CERTIFY, That I attended deceased from Jan 20, 1936, to Feb 11, 1936, that I last saw him alive on Feb 11, 1936, and that death occurred, on the date stated above, at 8:10 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Flu

CONTRIBUTORY (SECONDARY)

11B

(duration) yrs. mos. ds.

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OFWAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

C. C. Gibson

M. D.

, 19

(Address)

North Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

2007 Hurdland2/13 1936

20. UNDERTAKER

ADDRESS

Dev. B. Casley JrHurdland 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.

JUN 12 1948