FEB 25 1936

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

Do not use this space.

6790

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1. PLACE OF DEATH
County Marion — Registration District No. 726 — File No.
Township Mason — Primary Registration District No. 44-32 — Registered No.
City Hannibal (No. St Elizabeth Hospital St. Ward)

2. FULL NAME Rebecca May Epperson
(a) Residence, No. New London 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Murry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 16 1884

7. AGE: Years 51 — Months 4 — Days 17 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Mo

FATHER
13. NAME: John E. Roberts
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER
15. MAIDEN NAME: Josephine Duden
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): Mr. Gilford Epperson New London Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Frankfort Mo. DATE 2/4/36, 19

19. UNDERTAKER (ADDRESS): James O'Donnell Hannibal Mo

20. FILED Feb 4 1936 Blanche Megowan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 2nd, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1936, to Feby 2, 1936
I last saw her alive on Feby 1, 1936 Death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Necrosis of Liver and gall-bladder	

Other contributory causes of importance:

Name of operation: Removal of Gall Bladder Date of 1-29-36
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. T. Waters, M. D.
(Address) New London 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.

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CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
County: Marion — Registration District No.: 347 — File No.:
Township: — Primary Registration District No.: 3029 — Registered No.:
City: Hannibal (No. ..., ... St. ..... Ward)

2. FULL NAME: Rebecca May 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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): m

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

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

7. AGE — YEARS: 61 — MONTHS: 4 — DAYS: 11 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
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 ..... 19 ..... Registrar.

SUPPLEMENTAL

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw him ..... 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:

Necrosis of liver and gall bladder — Date of onset

Other contributory causes of importance:
Gall stones

Name of operation: Removal of gall bladder — 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) W. J. Waters, M. D.
(Address) New London

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