

1 APR 8 1936

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

Do not use this space.

10082

1. PLACE OF DEATH

County Franklin Registration District No. 297
Township _____ Primary Registration District No. 3016
City Washington (No. _____) St. _____ Ward _____

2. FULL NAME Clemens Leporin

(a) Residence, No. 15 W. 3rd St. Washington, Mo. Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. 7 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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>Catherine Leporin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 16th, 1885</u>		
7. AGE	YEARS	MONTHS
	<u>50</u>	<u>7</u>
		<u>12</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Pipe worker</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>corn cob Pipe Factory</u>		
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/28 1936
22. I HEREBY CERTIFY, That I attended deceased from 3/27/36, 1936, to 3/28/36, 1936.
I last saw him alive on 3/28/36, 1936. Death is said to have occurred on the date stated above, at 11:20 a.m.

The principal cause of death and related causes of importance were as follows:
Bilateral Bronchopneumonia
Date of onset _____
Other contributory causes of importance: _____

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 _____, 1936
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) [Signature], M. D.
(Address) Washington, Mo.

OCCUPATION	12. BIRTHPLACE (CITY OR TOWN) <u>Washington</u> (STATE OR COUNTRY) <u>Missouri</u>
	13. NAME <u>Pete Leporin</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) <u>Franklin County</u> (STATE OR COUNTRY) <u>Missouri</u>
	15. MAIDEN NAME <u>Mary Detmer</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) <u>Washington</u> (STATE OR COUNTRY) <u>Missouri</u>
	17. INFORMANT <u>George Leporin</u> (ADDRESS) <u>Washington, Missouri</u>
18. BURIAL, CREMATION, OR REMOVAL <u>Catholic Cemetery</u> PLACE <u>Washington, Mo.</u> DATE <u>March 30, 1936</u>	
19. UNDERTAKER <u>Otto & Co.</u> (ADDRESS) <u>Washington, Mo.</u>	
20. FILED <u>Mar. 29, 1936</u> <u>A. A. May</u> Registryr.	

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.

JUL 11 1965