

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.

APR 13 1936

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

Do not use this space.

10438

1. PLACE OF DEATH

County Jackson Registration District No. 398 File No. \_\_\_\_\_  
Township Blue Primary Registration District No. 3019 Registered No. 132  
City Independence Independence Independence Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 8908 Smart 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 wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 23/1894

7. AGE YEARS 41 MONTHS 7 DAYS 4 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clerk  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wm Walker & Co  
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

13. NAME E. J. Epley

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

15. MAIDEN NAME Martha Cassidy

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

17. INFORMANT (ADDRESS) Lucy May Epley  
8908 Smart

18. BURIAL, CREMATION, OR REMOVAL PLACE Adams DATE 3/29/36

19. UNDERTAKER (ADDRESS) Mrs. C. L. Tourter  
918 Broadway

20. FILED 3-30-36 J. R. Clark  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-27-1936

22. I HEREBY CERTIFY, That I attended deceased from 3/16, 1936, to 3/27, 1936

I last saw him alive on 3/27, 1936. Death is said to have occurred on the date stated above, at 749

The principal cause of death and related causes of importance were as follows:

~~\_\_\_\_\_~~  
Pneumonia  
Lobar (Double)  
Other contributory causes of importance:  
1088

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical 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) William \_\_\_\_\_, M. D.  
(Address) 10307 Ridge Ave. KCMo.

Ex. F. L. Cook

1300 North Liberty  
Ind. ms.

Will issue permit  
at his home Liberty  
morning 8 30