

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 23 1936

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

Do not use this space.

10549

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 1936
Township New Primary Registration District No. 1902 Registered No. 1936
City Kansas City (No. St. Joseph Hospital) St. _____ Ward _____

2. FULL NAME

Joseph William Sepold
(a) Residency, No. 612 Sabel Drive St. Charmont 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 <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>Mrs Katherine Sepold</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov-25-1866</u> | | |
| 7. AGE | YEARS <u>74</u> | MONTHS <u>3</u> |
| | DAYS <u>11</u> | IF LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Knight</u> | 11. Total time (years) spent in this occupation |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Elevator</u> | |
| | 10. Date deceased last worked at this occupation (month and year) | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Quincy Ill</u> | | |
| FATHER | 13. NAME <u>William Joseph</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> | |
| MOTHER | 15. MAIDEN NAME <u>Troppold</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> | |
| 17. INFORMANT (ADDRESS) <u>A. J. Sepold</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Hope K.C.</u> DATE <u>March 14 36</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>Mrs C. J. Baxter</u> <u>212 Broadway</u> | | |
| 20. FILED <u>Nov 6 1936</u> M. M. <u>Crome</u> Registrar | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/1, 1936, to 3/6, 1936
I last saw h. live alive on 3/5, 1936 Death is said to have occurred on the date stated above, at 1 P.M.
The principal cause of death and related causes of importance were as follows:
Route mening
13!
Other contributory causes of importance:
Nephritis Chronica
Cardiac Hypertrophy
Prostatic Hypertrophy

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.
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) 1030 7th Street K.C. Mo.

fm 4018