

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.

MAY 20 1936

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

Do not use this space.

14756

1. PLACE OF DEATH

County Gasconade

Registration District No. 11

Township Richland

Primary Registration District No. 571 21

City Richland

(No. 11)

File No. 14756

Registered No. 14756

Ward 1

2. FULL NAME

Herman Leppe

(a) Residence, No. Pershing Mo St. Mo Ward 1

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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 Malinda Leppe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 18, 1868

7. AGE YEARS 67 MONTHS 7 DAYS 12 If LESS than 1 day, hrs. or min.

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. Farmer 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) Pershing Mo

13. NAME Aug Leppe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pershing Mo

15. MAIDEN NAME Mary Eikerman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) First Creek Mo

17. INFORMANT Gwanda Barrington (ADDRESS) St Louis Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pershing DATE 5-1-36

19. UNDERTAKER Arnold Hummert (ADDRESS) Marion Mo

20. FILED May 9 1936 F.H. Carter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 29 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1936, to Apr 29 1936

I last saw him alive on Apr 29 1936. Death is said to have occurred on the date stated above, at 5:30 a.m.

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

Epilepsy Date of onset 121

Other contributory causes of importance:

Nephritis (Chronic)

Name of operation none Date of 5-1-36

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury 5-1-36

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Howard Horkman M. D. (Address) Pershing Mo

