

JL 22 1936

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

Do not use this space.

1. PLACE OF DEATH

County Johnson  
Township  
City Warrensburg, Mo.

Registration District No. 431  
Primary Registration District No. 3023

File No. 23349  
Registered No. 72  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

George W. Eppright

(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 <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>Eva Eppright</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 29, 1877</u>				
7. AGE YEARS <u>58</u>	MONTHS <u>8</u>	DAYS <u>29</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>Farmer</u>			
	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	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Johnson Co. Mo.</u>			
	13. NAME <u>Geo. Eppright</u>			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>			
	15. MAIDEN NAME <u>Mary Jane Hoyle</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Johnson Co. Mo.</u>			
17. INFORMANT (ADDRESS) <u>James Eppright Warrensburg, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cypress Hill</u> DATE <u>July 30, 1936</u>				
19. UNDERTAKER (ADDRESS) <u>Sweeney Phillips Warrensburg, Mo.</u>				
20. FILED <u>June 30, 1936</u> <u>Earl Gentry</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June - 28, 1936

22. I HEREBY CERTIFY That I attended deceased from 6-20, 1936, to 6-28, 1936  
I last saw him alive on 6-28, 1936 Death is said to have occurred on the date stated above, at 5 P. m.  
The principal cause of death and related causes of importance were as follows:  
Bypo-static pneumonia  
Chronic nephritis  
Date of onset 6-27-36

Other contributory causes of importance  
arteriosclerosis  
arterial hypertension

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? history Was there an autopsy? no

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) R. F. McKinney M. D.  
(Address) Warrensburg, Mo.

WRITE PLAINLY, WITH OMISSION OF UNNECESSARY INFORMATION. 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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