

JUL 25 1936

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

Do not use this space.  
23810

1. PLACE OF DEATH *Pettis*  
 County *Pettis* Registration District No. *668*  
 Township *Sedalia* Primary Registration District No. *3003 St*  
 City *Sedalia* (No. *Bothwell Road*) St. *Sedalia* Ward *668*

2. FULL NAME *Ralph Roepke*  
 (a) Residence, No. *Concordia* St. *Concordia* Ward. *Concordia*  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *wh* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Julia H Roepke*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 12, 1920*

7. AGE YEARS *15* MONTHS *9* DAYS *9* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer*

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Concordia Mo*

13. NAME *Jul H Roepke*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Concordia Mo*

15. MAIDEN NAME *Marie Junkins*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Concordia Mo*

17. INFORMANT (ADDRESS) *Julius H Roepke Concordia Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Concordia Mo* DATE *June 23, 1936*

19. UNDERTAKER (ADDRESS) *Greening & Co Concordia Mo*

20. FILED *June 22 1936* *John Slack* Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from *June 10, 1936, to June 21, 1936.*  
 I last saw h. *alive on June 21, 1936.* Death is said to have occurred on the date stated above, at *8:45* m. *AM.*  
 The principal cause of death and related causes of importance were as follows:  
*Meningitis*  
*non contagious*  
*chronic degeneration*  
*cellulitis media*  
*Streptococci*  
 Other contributory causes of importance:  
 Name of operation *None* Date of *None*  
 What test confirmed diagnosis? *Smear* 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 *None*  
 Where did injury occur? *None* (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

24. Was disease or injury in any way related to occupation of deceased? *No*  
 If so, specify *None*  
 (Signed) *J. L. Love*, M. D.  
 (Address) *Sedalia Mo*

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.

