

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

Do not use this space.

JUL 14 1936

24485

1. PLACE OF DEATH

County.....  
Township.....  
City St. Louis, Mo. (No. ....)

Registration District No. **791**  
Primary Registration District No. **1003**  
City Hospital

File No.....  
Registered No. **6103**  
St. .... Ward

2. FULL NAME Cora Nancy Reppy

(a) Residence, No. .... St. NP Ward. Desota, Missouri  
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow  
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Burrell Reppy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20th, 1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
65 2 23

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework  
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) Jefferson County, Missouri

MOTHER FATHER  
13. NAME Zeno LaRose

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ste. Genevieve, Missouri

15. MAIDEN NAME Margaret Bonoe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ste. Genevieve, Missouri

17. INFORMANT Mrs. D. Dugan  
(ADDRESS) De Sota, Missouri

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Pestus, Mo. DATE June 16th, 1936

19. UNDERTAKER Albert H. Hoop Jr.  
(ADDRESS) 429 N. Euclid Avenue

20. FILED JUN 15 1936  
J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13th, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6:35 P.M.

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

Concussion of Brain with haemorrhage, received in fall down stairs at 4269 Connecticut St., Date of onset

Other contributory causes of importance: 1860

ACCIDENT

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Yes Date of injury 6/10/1936

Where did injury occur? St. Louis, Mo.  
(Specify city or town, county, and State)

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

Manner of injury Fall  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

(Signed) Harold Schuy, M.D.  
(Address) De Sota, Mo.

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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