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

AUG 5 1936

Do not use this space.

26474

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas City (No. 1515 Bennington St. Ward)

File No. 3189
Registered No. 3189

2. FULL NAME Miss Ollethia Wot Epperson

(a) Residence, No. 1515 Bennington St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov - 13 - 1892

7. AGE: Years 43 — Months 7 — Days 20 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) La Cygne Kansas

FATHER
13. NAME Jesse H Epperson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West point Mo

MOTHER
15. MAIDEN NAME Lillie Bennett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La Cygne Kansas

17. INFORMANT (ADDRESS) Mrs Jesse H Epperson 1515 Bennington

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial pk DATE July 6 1936

19. UNDERTAKER (ADDRESS) W. W. Newcomers Sons Kansas City Mo.

20. FILED July 5 1936 M. M. Lorson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July - 3 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/27, 1936, to 7/3/36, 19..
I last saw h. m. alive on 7/3/, 1936. Death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	✓

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ✓ 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) Olaf Coleman M.D.
(Address) .....

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.

WRITE PLAINLY, WITH INKING THIS IS A PERMANENT RECORD

X7044

2835 Benton

L 5885