

Dr. H. Taylor

NOV 23 1936

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

Do not use this space.

37154

1. PLACE OF DEATH

County Bole Registration District No. 2/3

Township _____ Primary Registration District No. 3rd

City Jefferson City (No. St. Marys Hospital)

File No. _____

Registered No. 290

St. _____ Ward _____

2. FULL NAME James John Schepker

(a) Residence, No. Clinton, Mo. 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 Male 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) Jan. 26 - 1922

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 14 8 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At school
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) Centertown, Mo.

13. NAME William Schepker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bole County, Missouri

15. MAIDEN NAME Nellie DeKoriz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wass, Mo.

17. INFORMANT (ADDRESS) William Schepker, Clinton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Clinton, Mo. DATE Oct. 24, 1936

19. UNDERTAKER (ADDRESS) H. Simpson Funeral Home, Jefferson City, Mo.

20. FILED 10-26-1936 Armedy Registrdr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1936 to Oct 22, 1936

I last saw him alive on Oct 22, 1936 Death is said

to have occurred on the date stated above, at _____ m.

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

Gas Bacillus Infection 1860 10-18-36

Other contributory causes of importance: Compound fracture both fore arms

Name of operator Amputation Date of 10-21-36

What test confirmed diagnosis? Physiologist Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury 10-18-36

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

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

Manner of injury _____ Nature of injury Comp fracture both fore arms

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify _____

(Signed) H. Taylor _____ M. D.

(Address) Jefferson City 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.

