

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

Do not use this space.

49310

DEC 18 1936

1. PLACE OF DEATH

County Buchanan Registration District No. 85
 Township _____ Primary Registration District No. 1001
 City St. Joseph (No. St. Joseph Hospital) St. _____ Ward _____

File No. _____
 Registered No. 2404

2. FULL NAME

Infant Peppard

(a) Residence, No. 1516 So 19th St. St. _____ Ward _____
 (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Child</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 10 1936</u>		
7. AGE	YEARS	MONTHS
	<u>0</u>	<u>0</u>
		DAYS
		<u>0</u>
		IF LESS than 1 day, 0 hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Child</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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Mo.

FATHER 13. NAME Arthur John Peppard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Paul Minn.

MOTHER 15. MAIDEN NAME Anna Martha Lavelle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Mo

17. INFORMANT Arthur John Peppard
(ADDRESS) St. Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mt. Olivett Cem. DATE 11, 11, 1936

19. UNDERTAKER Barry Hylke
(ADDRESS) 218 610

20. FILED Nov 12 1936 J. J. Metzger
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 10 1936 to Nov 10 1936
 I last saw her alive on Stillborn 1936 Death is said to have occurred on the date stated above, at 7:12 a m.

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

Stillborn

Date of onset _____

Other contributory causes of importance:

Name of operation None Date of _____
 What test confirmed diagnosis None 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) Frankston Deane, M. D.
 (Address) Keopalaia, Oreg.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

FORM 1-20-35 I X704

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.

