

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.

SEP 21 1937

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

Do not use this space.

1. PLACE OF DEATH

County Laclede

Township 1st

City St. Louis

Registration District No. 399

Primary Registration District No. 1002

(No. 2203 Brooklyn)

File No. 29685

Registered No. 1320

St. 13

Ward

2. FULL NAME William Epps

(a) Residence, No. 2203 Brooklyn St.

(Usual place of abode)

Ward.

(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 M

4. COLOR OR RACE col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 2 1864

7. AGE

YEARS 73

MONTHS 0

DAYS 0

If LESS than 1 day, hrs. or min.

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

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) Tex as

13. NAME Wm Epps

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tex as

15. MAIDEN NAME Mary

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tex as

17. INFORMANT Ida Mae Epps

(ADDRESS) 2203 Brooklyn

18. BURIAL, CREMATION, OR REMOVAL

PLACE Blue Ridge

DATE 8/9-1937

19. UNDERTAKER Sarver Co

(ADDRESS) 1119 E. 6th St

20. FILED 8-9-37

1937

M. M. Crowe

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 2 - 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-22, 1937, to 8-2, 1937

I last saw him alive on Aug 1, 1937. Death is said to have occurred on the date stated above, at 4 P. m.

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

Chronic Parenchymatous Nephritis

Other contributory causes of importance: 131

arterio-sclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical symptoms

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) J. E. Dill, M. D.

(Address) 1518 E-18th St

