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

Do not use this space.

File No. 3522

Registered No. 1

1. PLACE OF DEATH

71 County Morgan

Township Hay Creek

City ..... (No. ..... St. ..... Ward)

Registration District No. 919

Primary Registration District No. 5793a

2. FULL NAME Kenneth Irwin Heppard 1 L 3

(a) Residence, No. ..... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	white	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 18, 1937

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	2	15	

OCCUPATION

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

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) Morgan Co. (STATE OR COUNTRY) Mo.

FATHER

13. NAME Nobel Heppard

14. BIRTHPLACE (CITY OR TOWN) Morgan Co. (STATE OR COUNTRY) Mo.

MOTHER

15. MAIDEN NAME Gordie Kumyard

16. BIRTHPLACE (CITY OR TOWN) Morgan Co. (STATE OR COUNTRY) Mo.

17. INFORMANT Ed Heppard
(ADDRESS) Versailles Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Richie DATE Jan 4 1938

19. UNDERTAKER W. F. Kidwell
(ADDRESS) Versailles Mo.

20. FILED Feb. 10 1938 Wm L Kipperger
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 23 1937 to Jan 2 1938

I last saw him alive on Jan 2 1938. Death is said to have occurred on the date stated above, at 1:00 a.m.

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

	Date of onset
Bronchopneumonia	12/31/37
1070	

Other contributory causes of importance:
Constitutional inadequacy.

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) Loyen Washburn, M. D.
(Address) Versailles, Mo.

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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.

RECEIVED
FEB 28 1938
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