

REC'D APR 14 1938

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

Do not use this space.

1. PLACE OF DEATH

County Dickinson

Registration District No. 85

Township St. Joseph

Primary Registration District No. 100

City St. Joseph (No. State Hospital # 2)

2. FULL NAME

Sarah Katherine Lepold

(a) Residence, No. 520 1/2 South 7 St., St. Joseph Ward.

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

10184

File No. \_\_\_\_\_  
Registered No. 323  
St. \_\_\_\_\_ Ward \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 27, 1874

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>63</u>	<u>4</u>	<u>19</u>	

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

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) Kansas

13. NAME George W. Culp

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

15. MAIDEN NAME Laura Briscoe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Margaret Denier (ADDRESS) 520 1/2 South St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Auburn DATE Mar. 18 1938

19. UNDERTAKER Mrs. C. R. Schindler (ADDRESS) 602 South St. Joseph

20. FILED Mar 17, 1938 A. J. Kestelbush Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 23, 1938, to March 16, 1938. I last saw h. in alive on March 16, 1938. Death is said to have occurred on the date stated above, at 12:32 A.M.

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

Hypertensive heart disease  
arteriosclerosis (cerebral)

Other contributory causes of importance:

hemiplegia (left side)  
arteriosclerosis nephritis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? X-Ray & E.K.G. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: no  
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) A. H. Panethier M. D.  
(Address) State Hospital #2

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.

