

REC'D JUN 16 1938

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

Do not use this space.

19279

1. PLACE OF DEATH

County Ralls
Township Spencer
City New London (No. _____)

Registration District No. 726
Primary Registration District No. 4432

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Anna E. Epperson

(a) Residence, No. New London St. 2nd Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16 - 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 7 11 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Ralls Co. Missouri

13. NAME unknown

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

15. MAIDEN NAME unknown

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

17. INFORMANT Geo. B. Epperson (ADDRESS) New London Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Monroe City Mo DATE May 20 1938

19. UNDERTAKER D. D. Daniel (ADDRESS) New London Mo.

20. FILED May 20 1938 Blanche McGowan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19 1938

22. I HEREBY CERTIFY, That I attended deceased from May 5 1938, to May 19 1938
I last saw her alive on May 17 1938. Death is said

to have occurred on the date stated above, at 3:00 A.M.
The principal cause of death and related causes of importance were as follows:

Myocarditis
Dementia Senile
Rheumatism
Other contributory causes of importance: 9381

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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) H. J. Waters M. D.
New London Mo (Address)

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.

