

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.

REC'D FEB 24 1939

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

Do not use this space.

2821

1. PLACE OF DEATH
54 County Lafayette Registration District No. 461
Township Washington Primary Registration District No. 3024
6 City Lexington, Mo. (No. _____) St. _____ Ward _____
1 2. FULL NAME 153 Jol Eappon
(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 Ma 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 Annie Lowe
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1863
7. AGE YEARS 76 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Kef
13. NAME not known
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known
15. MAIDEN NAME not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known
17. INFORMANT Robert Eappon (ADDRESS) Living buried
18. BURIAL, CREMATION, OR REMOVAL PLACE Lexington, Mo. DATE Jan 19 1939
19. UNDERTAKER Winkler (ADDRESS) Lexington, Mo.
20. FILED Feb. 6 1939 Delia Y. Salls Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17 1939
22. I HEREBY CERTIFY That I attended deceased from 1-14-39, 19____, to 1-17, 19____
I last saw him _____ alive on 1-14-39, 19____ Death is said to have occurred on the date stated above, at 7 a. m.
The principal cause of death and related causes of importance were as follows:
Chemic. Myocarditis Date of onset _____
Other contributory causes of importance: 93
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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? _____
If so, specify _____
(Signed) Dr. J. Lee
(Address) Lexington, Mo.

RECEIVED

District Health Officer No. 8,

District File Number

119/39

Date Filed