

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 MAY 18 1939

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

Do not use this space.

14621

1. PLACE OF DEATH

County Clay Registration District No. 700
Township Feather Primary Registration District No. 4120
City Kearney (No. 1) St. _____ Ward _____

File No. _____
Registered No. 5
St. _____ Ward _____

2. FULL NAME

(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 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14 1885

7. AGE YEARS 83 MONTHS 9 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.

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

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) 2/38 11. Total time (years) spent in this occupation 56

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

13. NAME George Epler

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

15. MAIDEN NAME Ediza Truckberry

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

17. INFORMANT Mrs Beatrice Epler (ADDRESS) Kearney Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Silver City Mo DATE April 25 1939

19. UNDERTAKER Crosswell (ADDRESS) Kearney Mo

20. FILED 4/24/39 19 Phos. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23 1939

22. I HEREBY CERTIFY, That I attended deceased from March 30 1939 to April 20 1939

I last saw him alive on April 20 1939 Death is said to have occurred on the date stated above, at _____.

The principal cause of death and related causes of importance were as follows:
Central Hemorrhage Date of onset _____

Other contributory causes of importance: _____

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 H. M. Woodard (Signed) _____, M. D.

(Address) Sikeston Mo

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5/27/59