

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

Do not use this space.

1. PLACE OF DEATH

County Linn
Township Green
City (No.)

Registration District No. 467
Primary Registration District No. 3632

File No. 43848
Registered No. 13

2. FULL NAME

(a) Residence, No. 120 Edmond Epps
(Usual place of abode) Miller Mo. St., R. 1, Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (or, if death by word) Child

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-15-1939

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1939, to Dec 15, 1939

I last saw him... alive on Dec 15, 1939. Death is said to have occurred on the date stated above, at 4:30 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-9-39

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 6

Pneumonia, & Premature birth Date of onset 12-10-39

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

Other contributory causes of importance: 154

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn Co. Mo.

Name of operation..... Date of.....

13. NAME Pearl Epps

What test confirmed diagnosis?..... Was there an autopsy? No

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

15. MAIDEN NAME Ada Stahl

Where did injury occur?..... (Specify city or town, county, and State)

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

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Mrs. T. E. Epps
(ADDRESS) Miller Mo.

Manner of injury.....
Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pennabow DATE 12-16-1939

24. Was disease or injury in any way related to occupation of deceased? No

19. UNDERTAKER Monie & Leiman
(ADDRESS) Miller Mo.

If so, specify..... (Signed) L. J. Holmes, M. D.

20. FILED 12-26-1939 C. S. Beckner
Registrar

(Address) Miller Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

Contact File Number 140-11

Date Filed JAN 4 1940