

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

Do not use this space.

FILED APR 8 1940

1. PLACE OF DEATH

County Madison
 Township Richland
 City Morrison

Registration District No. 304
 Primary Registration District No. 5421

File No. 10914
 Registered No. 53

2. FULL NAME

(a) Residence, No.
 (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.

Simon Fritz C. Epling
St. Ward.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 24, 1865</u>		
7. AGE YEARS <u>74</u>	MONTHS <u>5</u>	DAYS <u>21</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
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) <u>Niederstall, Prussia</u>		
13. NAME <u>Fritz C. Epling</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Niederstall, Prussia</u>		
15. MAIDEN NAME <u>Charlotte Brauer</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Niederstall, Prussia</u>		
17. INFORMANT (ADDRESS) <u>George Epling Morrison Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Coching Mo.</u> DATE <u>3-24, 1940</u>		
19. UNDERTAKER (ADDRESS) <u>Small Hummolt Morrison Mo.</u>		
20. FILED <u>4-5, 1940</u> <u>F. L. Ricker</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-21-1940

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1940, to March 21, 1940
 I last saw him alive on March 20, 1940 Death is said to have occurred on the date stated above, at 3 P. M.
 The principal cause of death, and related causes of importance were as follows:
Brachial Pneumonia
 Date of onset

Other contributory causes of importance:
Influenza - 11/2

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) Hewitt Horkman, M. D.
 (Address) Hermann Mo.

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.

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10914

Registration District No. 304

Primary Registration District No. 3421

Registrar's No. 53

1. PLACE OF DEATH:

- (a) County Gasconade
(b) City or town Richland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Simon Fritz Trifling
(b) If veteran, name war. (c) Social Security No. 1940

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife Simon Fritz Trifling 6. (c) Age of husband, or wife, if alive, years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 5 21 hr. min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

- (b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

- (c) Place: burial or cremation

18. (a) Signature of funeral director

- (b) Address

19. (a) 4-5-1940 (b) F. L. Ricker (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Gasconade
(c) City or town Rural
(If outside city or town limits write "RURAL")
(d) Street No. 1 Mile from Morrison
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

20. DATE OF DEATH Month 3 day 21
year 1940 hour minute M.

21. I hereby certify that I attended the deceased from
19 to 19;
that I last saw him alive on 19;
and that death occurred on the date and hour stated above.
Immediate cause of death

- Due to

- Due to

- Other conditions
(Include pregnancy within 3 months of death)

- Major findings:
Of operations

- Of autopsy

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify)

- (b) Date of occurrence

- (c) Where did injury occur? (City or town) (County) (State)

- (d) Did injury occur in or about home, on farm, in industrial place, in public place?

- While at work? (Specify type of place) (e) Means of injury

23. Signature Howard Wasserman

- Address Hermann Date signed

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

WRITE PLAINLY—USE UNFADING, BLACK INK—MAKE A PERMANENT RECORD

1940
S-10914