FILED JUL 22 1940

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

Do not use this space.

25013

1. PLACE OF DEATH
County Crawford Registration District No. 233
Township Liberty 2 Primary Registration District No. 5318
(City Bourbon R.F.D. (No. ..... St. ..... Ward)

File No. .....
Registered No. 341

2. FULL NAME 120 William Doepke
(a) Residence, No. Leasburg, Mo. Rural
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-3-1868

7. AGE YEARS 72 MONTHS 1 DAYS 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Wisconsin 1

FATHER
13. NAME Albert Doepke
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER
15. MAIDEN NAME Mary Krueger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

17. INFORMANT (ADDRESS) Mary Doepke Bourbon Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Leasburg DATE 6/28/40 19

19. UNDERTAKER (ADDRESS) Elbert E Long Bourbon Mo 209

20. FILED July 9, 1940 W. F. Trum Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/26/40 19

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1940, to June 26, 1940
I last saw him alive on June 25, 1940 Death is said to have occurred on the date stated above, at 10.20 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of the Stomach	

Other contributory causes of importance: 46.

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? no
If so, specify .....
(Signed) W. F. Trum, M. D.
(Address) Leasburg Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should sta
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very importa

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RECEIVED
District Health Officer No. 5,
District File Number 740 805
Date Filed 8 22 40