

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

Do not use this space.
37432

1. PLACE OF DEATH

County Green

Registration District No. Highway 365-378

Township Clay

Primary Registration District No. 365-378

Springfield (No. Mo Highway no. 66)

File No. _____

Registered No. 181

St. _____ Ward _____

2. FULL NAME

William Felper
Maple Hills Estate Ward _____

(a) Residence, No. _____
(Usual place of abode)

Length of residence in city or town where death occurred _____

How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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 <u>Marie Felper</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 27, 1909</u>		
7. AGE	YEARS <u>22</u>	MONTHS <u>6</u>
	DAYS <u>1</u>	If LESS than 1 day; _____ hrs. or _____ mins.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Wiring</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>Grand</u>		
FATHER	13. NAME <u>W. M. Felper</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Grand</u>	
MOTHER	15. MAIDEN NAME <u>Therese</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Marie Felper</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <u>St. Roches</u> <u>Nov 30, 1931</u>		
19. UNDERTAKER (ADDRESS) <u>W. H. Turner</u>		
20. FILED <u>11-28-31</u> 19 <u>31</u> <u>W. H. Turner</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 28 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

I last saw him alive on Nov. 28 1931 Death is said to have occurred on the date stated above, at 10:10 a.m.

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

Motorcycle accident
downing motorcycle, ran into rear end of truck going in same direction + making a left turn off highway
No Physician in attendance

Other contributory causes of importance:

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? Accident Date of injury 11-28-31

Where did injury occur? Green Co. 3 miles S. of Galvins

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

Public Place

Manner of injury motorcycle run into truck

Nature of injury Fracture of skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) Wm. C. Stone, Crown, M. D.

(Address) Springfield, Mo.

DEC 22 1931

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

