

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

Do not use this space.

4803

**1. PLACE OF DEATH**

County Butler  
Township Beaver Dam  
City (No. ) (St. ) (Ward )

Registration District No. 87  
Primary Registration District No. 5129

File No. \_\_\_\_\_  
Registered No. 6

**2. FULL NAME**

(a) Residence, No. R.R. #1 St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

Hannell  
(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**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 8 Est.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hannery and mill worker  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 107A  
10. Date deceased last worked at this occupation, month and year Nov. 1931  
11. Total time (years) spent in this occupation 107A

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

13. NAME Thos. Epps.

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

15. MAIDEN NAME Annie Armstrong

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

17. INFORMANT W. P. Combs (ADDRESS) Hannell, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dunning DATE 2-8-1933

19. UNDERTAKER Frank & Neal Co. (ADDRESS) Highway 131/132

20. FILED Mar 8 1933 W. H. Case Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-7, 1933

22. I HEREBY CERTIFY, That I attended deceased from: Jan 2, 1933, to Feb. 6, 1933.  
I last saw h. alive on Feb. 4, 1933. Death is said to have occurred on the date stated above, at 6 A. m.  
The principal cause of death and related causes of importance were as follows:

Bronchopneumonia  
107A  
107A  
Other contributory causes of importance: none  
Date of onset 12-28-32

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? blurred 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) R. L. Turner, M. D.  
(Address) Neelyville 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 state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

24 1933

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