

MAY 14 1936

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

Do not use this space.  
9908-C  
1935  
File No. \_\_\_\_\_  
Registered No. 4

1. PLACE OF DEATH Lequestown  
County Monticau Registration District No. 576  
Township Linn Primary Registration District No. 5722A  
City \_\_\_\_\_ (No. \_\_\_\_\_, St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME Emma Eperber  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70 8 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work  
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) Miss county

13. NAME Fred Hornsbein

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

15. MAIDEN NAME Linn

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

17. INFORMANT (ADDRESS) M M Eperber

18. BURIAL, CREMATION, OR REMOVAL PLACE Monticau Cemetery DATE April 1 1935

19. UNDERTAKER (ADDRESS) Chas Halliday

20. FILED 4 1 30 1935 Collis E Paikes Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) \_\_\_\_\_, 19\_\_\_\_

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1935, to May 30, 1935.  
I last saw him alive on Mar 30, 1935. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:  
Date of onset

acute Endocarditis  
NO  
Other contributory causes of importance:

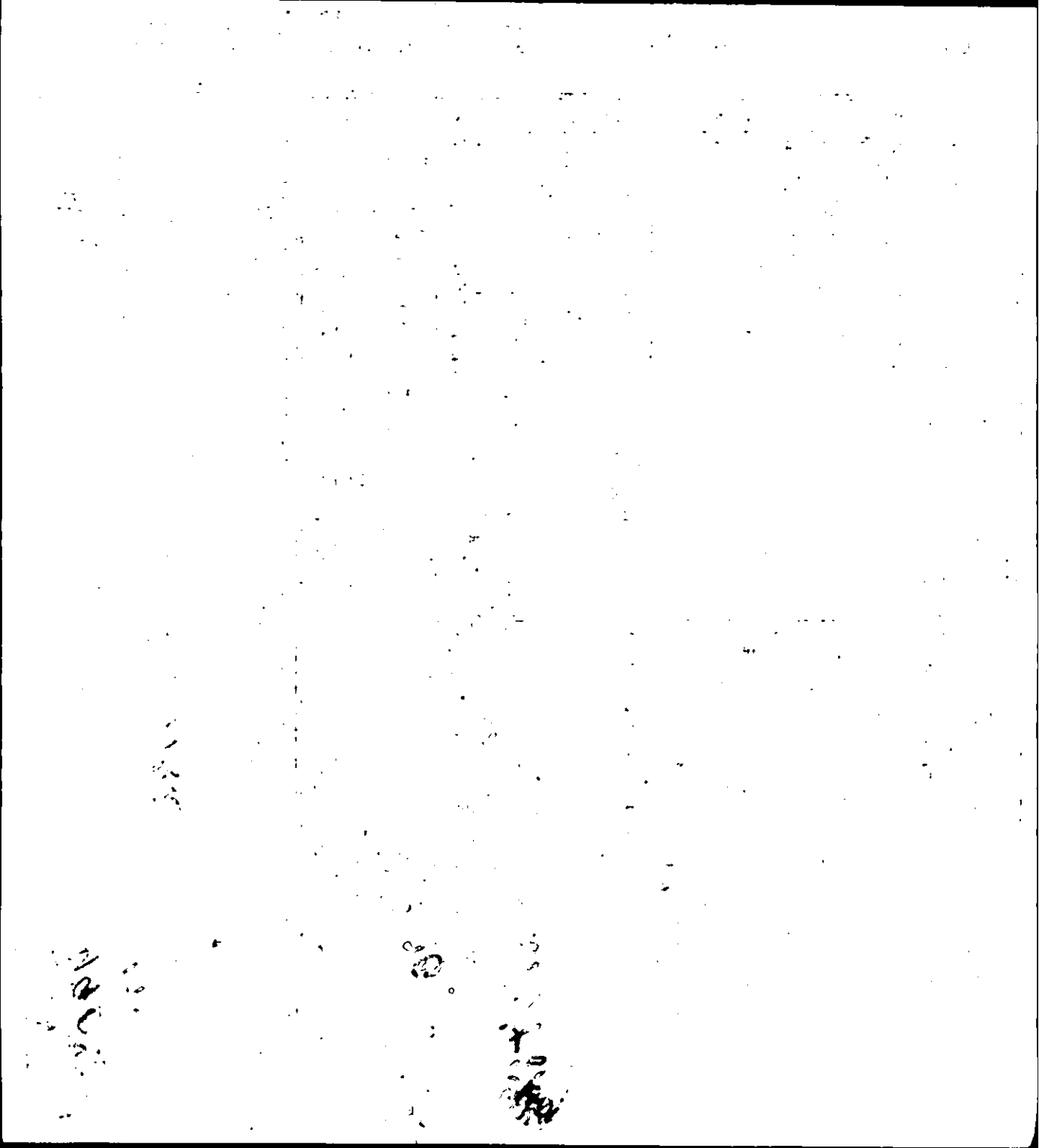
Carcinoma of liver  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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?  
If so, specify \_\_\_\_\_  
(Signed) Ellis E Paikes, M. D.  
(Address) Lequestown 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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**1. PLACE OF DEATH**

County Moniteau Registration District No. 574 File No. 1935  
 Township Ann Primary Registration District No. 5772 Registered No. 4  
 City (No. St. Ward)

**2. FULL NAME**

Emma Sperber

(a) Residence, No. St. Ward. (If nonresident, give city or town and State)  
 (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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70 8 10

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work  
 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) Jan 30, 1935 If Total time (years) spent in this occupation.

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

FATHER  
 13. NAME Fred Sperber

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

MOTHER  
 15. MAIDEN NAME X

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

17. INFORMANT W. W. Sperber (ADDRESS) Jamestown Mo

18. BURIAL, CREMATION, OR REMOVAL Moniteau PLACE Cem DATE April 1, 1935

19. UNDERTAKER Chas. Fullrich (ADDRESS) Jamestown Mo

20. FILED 1935 Ellen Parker Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1935 to Mar 29, 1935. I last saw him alive on Mar 30, 1935. Death is said to have occurred on the date stated above, at 9 p.m. The principal cause of death and related causes of importance were as follows:

Acute Endocarditis  
 Carcinoma of liver of bowels  
 Date of onset 3/25/35

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 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? If so, specify

(Signed) Ellis E. Raitte, M. D. (Address) Jamestown 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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