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

Do not use this space.

23241

File No. .....
Registered No. 12

1. PLACE OF DEATH
County: Carroll
Township: Carrollton
City: ..... No. ..... St. ..... Ward)
Registration District No. 1 34
Primary Registration District No. 5189

2. FULL NAME: Mattie Reigard Epperson
(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: F
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: Y. L. Epperson

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 6-13-1880

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	1	17	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): Rockbridge Co.
(STATE OR COUNTRY): Virginia

PARENTS
10. NAME OF FATHER: James M. Reigard
11. BIRTHPLACE OF FATHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Virginia
12. MAIDEN NAME OF MOTHER: Eliza Jane Walker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Virginia

14. INFORMANT: Y. L. Epperson
(Address): Miami Station Mo

15. FILED Sept 9 1928 Mrs. Bess Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2

16. DATE OF DEATH (MONTH, DAY AND YEAR): 7-30 1928

17. I HEREBY CERTIFY, That I attended deceased from 7-24, 1928, to 7-29, 1928, that I last saw her alive on 7-29, 1928, and that death occurred, on the date stated above, at 10 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
66B Toxic Goiter
131 COA
..... (duration) — yrs. 6 mos. — ds.
CONTRIBUTORY (SECONDARY): Chronic nephritis
..... (duration) 2 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) W. G. Atwood, M. D
7/31, 1928 (Address) Carrollton Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Pleasant Park Cemetery
DATE OF BURIAL: 8-1 1928
20. UNDERTAKER: Willis Brothers
ADDRESS: Carrollton 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.