LOCAL REGISTRAR'S RECORD—DO NOT TEAR LEAF OUT

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

23797

1 PLACE OF DEATH

nty Cooper

nship Otterville

Registration District No. 27 File No.

ge

Primary Registration District No. 6302 Registered No.

(NO. St.; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Welmer Frances Lopp

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
...ale	white	Single

E OF BIRTH August (Month) 14 (Day), 1921 (Year)

2 yrs. 0 mos. 5 ds. If LESS than 1 day, ...hrs. or ...min.?

UPATION
rade, profession, or
cular kind of work

General nature of industry
ness, or establishment in
n employed (or employer)

HPLACE
r town,
r foreign country) Otterville

10 NAME OF FATHER W. H. Lopp

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Pettis Co

12 MAIDEN NAME OF MOTHER Cora Davis

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Benton Co

ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

ormant) W. H. Lopp

(Address) Otterville

109 1913 Robt L Fogle Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug (Month) 19 (Day), 1923 (Year)

17 I HEREBY CERTIFY, that I attended deceased from Aug 14, 1923, to Aug 14, 1923, that I last saw her alive on Aug 14, 1923, and that death occurred, on the date stated above, at 10-40 m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum
(I saw the case about half
hour before death

(Duration) about 1 week yrs. mos. ds.

CONTRIBUTORY (Secondary) 114

(Duration) 1 yrs. mos. ds.

(Signed) E. L. Rice M. D.

Aug 30, 1923 (Address) Otterville Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Smithton Mo

DATE OF BURIAL Aug 21, 1923

20 UNDERTAKER Neumeyer

ADDRESS Smithton

LOCAL REGISTRAR'S RECORD—DO NOT TEAR LEAF OUT

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

1 PLACE OF DEATH

County .....

Township..... Registration District No..... File No. .....
or
Village ..... Primary Registration District No. ..... Registered No. .....
or
City..... (NO....., ...St.;.....Ward)

[If death occ
hospital or i
give its NAM
of street and

2 FULL NAME .....

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE MARRIED WIDOWED OR DIVORCED (*Write* the word)

6 DATE OF BIRTH

.....!....., 1.....
(Month) (Day) (Year)

7 AGE

.....yrs.....mos.....ds.

If LESS than 1 day,.....hrs. or.....min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work.....

(b) General nature of industry business, or establishment in which employed (or employer) .....

9 BIRTHPLACE
(City or town, State or foreign country)

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER
(City or town, State or foreign country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER
(City or town, State or foreign country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(Address).....

15

Filed....., 191....., ...
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

....., 19
(Month) (Day)

17 I HEREBY CERTIFY, that I attended deceas

....., 191....., to....., 1

that I last saw h.....alive on....., 1

and that death occurred, on the date stated above, at.....

The CAUSE OF DEATH* was as follows:

.....

.....

.....

..... (Duration).....yrs.....mos.....

CONTRIBUTORY .....
(Secondary)

..... (Duration).....yrs.....mos.....

(Signed).....

....., 191..... (Address).....

*State the Disease Causing Death, or, in deaths from Violent Ca
(1) Means of Injury; and (2) whether Accidental, Suicidal or Ho

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tr
or Recent Residents)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.

Where was disease contracted if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL

20 UNDERTAKER	ADDRESS