

JUN 25 1927

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

Do not use this space.

7772<sup>21</sup>

1. PLACE OF DEATH

County Franklin  
Township Prairie  
City Rachel (No.       )

Registration District No. 301  
Primary Registration District No. 5418

File No.         
Registered No.         
St.        Ward       

2. FULL NAME

Rachel King Koppert  
(a) Residence No.        St.        Ward         
(Usual place of abode)         
(If nonresident give city or town and State) Lubbering Mo

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5a. If MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE of Don't know month & day.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
80 - - -

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) (STATE OR COUNTRY) Franklin Co. Mo

PARENTS

10. NAME OF FATHER Mose Keene

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co. Mo

12. MAIDEN NAME OF MOTHER Polly Ann Cole

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co. Mo

14. INFORMANT E. Woodcock  
(Address) Lubbering Mo

15. FILED June 10 1927 S. L. Duckworth  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 10 1927

17. I HEREBY CERTIFY, That I attended deceased from March 1, 1927 to March 10, 1927 that I last saw h.        alive on March 10, 1927, and that death occurred, on the date stated above, at 6 A. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Bronchial Pneumonia

1830 (duration) yrs. mos. 9 da.

CONTRIBUTORY (SECONDARY) Chronic Nephritis

18. WHERE WAS DISEASE CONTRACTED         
IF NOT PLACE OF DEATH       

DID AN OPERATION PRECEDE DEATH? No DATE OF       

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Chest  
(Signed) W. Duckworth M. D.  
, 19        (Address) St. Louis 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 Home Cemetery DATE OF BURIAL 3/10 1927

20. UNDERTAKER W. Duckworth ADDRESS St. Louis

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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Handwritten text, possibly a signature or name, oriented vertically in the upper middle section.

Handwritten text, possibly a signature or name, oriented vertically in the lower middle section.

Handwritten text, possibly a signature or name, oriented vertically in the center of the page.

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