

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

Do not use this space.

28432

791  
1003

File No. \_\_\_\_\_  
Registered No. 7957  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
City St. Louis Mo. (No. 4156 Near Fairfax St. \_\_\_\_\_ Ward \_\_\_\_\_)

**2. FULL NAME**

Henry Moppins  
(a) Residence, No. 4156 Near Fairfax St. 11 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (or) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>abt 1873</u>		
7. AGE YEARS <u>about 54</u>	MONTHS	DAYS
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Coal &amp; ore dealer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>coal &amp; ore business</u> (c) Name of employer <u>him self.</u>		

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-3-1927

17. I HEREBY CERTIFY That I attended deceased from 9-2-1927 to 9-3-1927 that I last saw him alive on 9-5-1927 and that death occurred, on the date stated above, at 8:45 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Acute lobillary bronchitis  
Non Tubercular 109B  
100B 190  
(duration) \_\_\_\_\_ yrs. mos. ds. 2

CONTRIBUTORY exposure to cold  
(SECONDARY) (duration) \_\_\_\_\_ yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Missouria

10. NAME OF FATHER Charlie Moppins

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Catherine Knud

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Missouria

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH... at place of death

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none  
(Signed) Carar William Johnson M.D.  
9-6-1927 (Address) 4039 of Hurmy

\*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.

14. INFORMANT Hella Smith  
(Address) 4226 Fairfax

15. FILED SEP - 1 1927 Max C. Starkey REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Pleurowood Cemetery DATE OF BURIAL Sept 8th 1927

20. UNDERTAKER A. L. Beal ADDRESS 2724 Lucas Ave

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.

1927  
54  

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1873