

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

Do not use this space.

37761

1. PLACE OF DEATH

County..... Perry
Township..... Cincinnati House
City..... (No.)

Registration District No..... 659
Primary Registration District No..... 5876

File No..... 26
Registered No..... 26
St. Ward)

2. FULL NAME

Emilie Hopher

(a) Residence. No..... St., Ward.
(Usual place of abode)

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. (If nonresident give city or town and State)

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 Arthur Hopher

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 16 - 1873

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1	
				day,	hrs. or
	<u>54</u>	<u>8</u>	<u>17</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... House Wife
(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) Perry Co Mo

10. NAME OF FATHER

August Franke

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER

Theresa Koenig

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

PARENTS

14. INFORMANT Arthur Hopher
(Address) R. F. D. # 2 Perryville Mo

15. FILED Dec 5, 1927 Martin Moeckel
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 3rd 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 13th, 1927, to Dec 3th, 1927, that I last saw her alive on Dec 3th, 1927, and that death occurred, on the date stated above, at 12:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of Liver
4 to 6 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF Sept 18th 1927

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. H. Barker, M. D.
, 19 (Address) Perryville 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 Longtown Mo DATE OF BURIAL Dec. 5 1927

20. UNDERTAKER Goellner & Young ADDRESS Perryville 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.

