2 1928

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

Do not use this space.

14398

File No. .....

Registered No. 24

1. PLACE OF DEATH

County Polk — Registration District No. 701

Township ..... — Primary Registration District No. 4422

City Bolivar (No. ..... St. ..... Ward)

2. FULL NAME James Edwin Mopes

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

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: Male
4. COLOR OR RACE: White
5. ~~SINGLE~~, MARRIED, ~~WIDOWED~~ OR ~~DIVORCED (write the word)~~ ↑

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Almeda Mopes

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4/30 1857

7. AGE 70 YEARS — MONTHS 11 — DAYS 23 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) N.Y.
(STATE OR COUNTRY) Orange Co

PARENTS

10. NAME OF FATHER Sylvester Mopes
11. BIRTHPLACE OF FATHER (CITY OR TOWN) N.Y.
(STATE OR COUNTRY) Sullivan Co
12. MAIDEN NAME OF MOTHER Charity O Tyler
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) N.Y.
(STATE OR COUNTRY) Sullivan Co

14. INFORMANT Mrs. J. E. Mopes
(Address) Bolivar Mo

15. FILED April 28 1928 J. L. Roberts REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 28 1928

17. I HEREBY CERTIFY, That I attended deceased from 10-10- 1925, to 4-22- 1928, that I last saw him alive on 4-22- 1928, and that death occurred, on the date stated above, at 4.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardio Renal Disease
Chronic nephritis
Myocarditis Hypertension
(duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

1290

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) G. D. Smith, M. D

, 19 (Address) Bolivar 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: Greenwood Cem — DATE OF BURIAL: April 22 1928

20. UNDERTAKER: W. S. White — ADDRESS: Bolivar 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.