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

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File No. .....
Registered No. 119

1. PLACE OF DEATH
County Vernon Registration District No. 875
Township Washington Primary Registration District No. 6163
City ~~Nevada~~ (No. ..... St. ..... Ward)

2. FULL NAME Mollie Roper
(a) Residence. No. State Hosp # 3 St., ... 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. 20 ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*): single

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: none

6. DATE OF BIRTH (MONTH, DAY AND YEAR) D.K. 1890

7. AGE: Years 38 | Months D.K. | Days | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) D.K.
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER David Roper
11. BIRTHPLACE OF FATHER (CITY OR TOWN) D.K.
(STATE OR COUNTRY) Ill
12. MAIDEN NAME OF MOTHER Larina Meador
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) D.K.
(STATE OR COUNTRY) Mo

14. INFORMANT State Hosp Records
(Address) Nevada Mo

15. FILED 5-8 1928 E. R. King
REGISTRAR

2) MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 18 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1928, to Apr 18, 1928, that I last saw he alive on Apr 17, 1928, and that death occurred, on the date stated above, at 2 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho Pneumonia (duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY) Influenza (duration) ..... yrs. ..... mos. 3 ds.

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? Clinical
(Signed) E. K. Cann, M. D.
4/18, 1928 (Address) Nevada 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: Joplin Mo
DATE OF BURIAL: 4/19 1928

20. UNDERTAKER: Terry Funeral Home
ADDRESS: Nevada

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.