

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.

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

Do not use this space.

26235

1. PLACE OF DEATH
 County, Winn Registration District No. 875 File No. _____
 Township, Washington Primary Registration District No. 6162 Registered No. 193
 City, Winn (No. _____) St. _____ Ward _____

2. FULL NAME Harry Popejoy
 (a) Residence, No. State Hospital #73 St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 3 yrs. 11 mos. 6 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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 X
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 1 1894
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
33 9 0
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work no occ. (invalid)
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Stratford
 (STATE OR COUNTRY) Mo
 10. NAME OF FATHER Ed. Popejoy
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Stratford Mo.
 12. MAIDEN NAME OF MOTHER W. Potter
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.
 (STATE OR COUNTRY) 1914

14. INFORMANT Frank Popejoy
 (Address) Stratford Mo.
 15. FILED 8/10/28 E. C. King
 REGISTERAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 1 1928
 17. I HEREBY CERTIFY, That I attended deceased from Oct. 1927, to July 1 1928
 that I last saw him alive on July 1 1928, and that death occurred, on the date stated above, at 7:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
drowning (suicidal)
Male

(duration) _____ yrs. _____ mos. _____ da.
 CONTRIBUTORY epileptic psychosis
 (SECONDARY) (duration) _____ yrs. _____ mos. _____ da.

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) J. J. O'Neil, M. D.
July 4, 1928 (Address) Marion, 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 DATE OF BURIAL
State Hospital Cemetery July 4 1928
 20. UNDERTAKER ADDRESS
Allen V. Hayes Winn Mo.

JAN 7 1958