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

Do not use this space.

26957

1. PLACE OF DEATH

County Franklin — Registration District No. 297 — File No.

Township Hawk — Primary Registration District No. 3016 — Registered No. 62

City Washington, Mo (No. ..... St. ..... Ward)

2. FULL NAME Della May Pope

(a) Residence. No. Main & Jefferson Sts 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. 5 mos. 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): Child.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: child.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 3, 1928

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
0	5	1	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Child.

(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): Washington, Mo.

PARENTS

10. NAME OF FATHER: Geo. Pope

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Bland, Mo.

12. MAIDEN NAME OF MOTHER: Elsie Rhoders

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Owensville, Mo.

14. INFORMANT (Address): Geo. Pope. Washington, Mo

15. FILED Aug 4, 1928 O. L. Muench REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 4 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1928, to Aug 4, 1928 that I last saw him alive on Aug 3, 1928, and that death occurred, on the date stated above, at 3 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Convulsions (Teething)

80 (duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY): Washing

86 (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? No

(Signed) J. D. Maupin, M. D

Aug 4, 1928 (Address) Washington 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: Owensville, Mo

DATE OF BURIAL: Aug 5, 1928

20. UNDERTAKER: Otto & Company

ADDRESS: Washington, 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.