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

Do not use this space.

40821

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399 — File No.: 5197
Township: Kaw — Primary Registration District No.: 1002 — Registered No.: 5197
City: K. C. Mo. (No. 3236 Anderson Ave, St. ..... Ward)

2. FULL NAME: Edith Geraldine Hollopeter
(a) Residence. No. 3236 Anderson St., 10 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: Fe
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 —

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec-5-1928

7. AGE: Years 2 | Months 4 | Days 11 | If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: none
(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): K. C. Mo.

PARENTS
10. NAME OF FATHER: Leland
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Norden, Okla
12. MAIDEN NAME OF MOTHER: Hestie Dawkins
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Mo.

14. INFORMANT: Leland Hollopeter
(Address): 3236 Anderson

15. FILED 12/17, 1928 M. M. Growe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1928 to Dec 16, 1928 that I last saw he alive on Dec 16, 1928 and that death occurred, on the date stated above, at 1:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
10d 10x
1d 1x
(duration) ... yrs. ... mos. ... ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? ✓
WHAT TEST CONFIRMED DIAGNOSIS? Observation
(Signed) R. Dwd M. Smith M. D
12/17, 1928 (Address) 505 Indian Temple

*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: Bucklin, Ks, — DATE OF BURIAL: Dec 17, 1928
20. UNDERTAKER: Mrs. C. L. Forster — ADDRESS: K. C. 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD