

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

Do not use this space.

1542

1. PLACE OF DEATH

County Jackson
Township Raw
City Kansas City

Registration District No. 399

Primary Registration District No. 1002

File No. 133
Registered No. 133
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. / 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Helena Kopp

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 5 - 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
68 10 4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Fireman
(b) General nature of industry, business, or establishment in which employed (or employer) Janitor
(c) Name of employer Medical Arts Bldg

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Germany

10. NAME OF FATHER

Frederick Kopp

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER

Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Unknown

14.

INFORMANT Frank B. Kopp
(Address) 5810 E. 10 - KCMO

15.

FILED Jan 11, 1929 M. M. Croome
REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 9 - 1929

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Concussion of brain
3:00 P
2:00 PM
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

Fall inlevator
shipped - Accidental
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

19. Did an OPERATION PRECEDE DEATH? No DATE OF _____

20. Was there an AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) Stanley M. Stace, M. D.

1/9, 1929 (Address) Opportunity

*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

St. Mary's Jan 10, 1929

20. UNDERTAKER

Frank Galvin 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.

WHITE PRINT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

48
10
9

236

10

10

31

102

