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

Do not use this space.

10210

APR 24 1929

1. PLACE OF DEATH
County Franklin
Township Washington
City Washington (No. ..... St. ..... Ward)

Registration District No. 297
Primary Registration District No. 3016

File No. .....
Registered No. 37

2. FULL NAME Mary Gertrude Kopp
(a) Residence. No. 328 Stafford Street St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 5 yrs. 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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 9th-1881

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
67	10	19	

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

9. BIRTHPLACE (CITY OR TOWN) St Johns Twp
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Andrew Meyer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Theresa Schulte
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Henry Kopp
(Address) Washington Mo Q

15. FILED Mar 26 1929 O. L. Merrick
REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 23 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1927, to March 23, 1929 that I last saw her alive on March 23, 1929, and that death occurred, on the date stated above, at 10.55 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Nephritis, Chronic
131
93 D
10 (duration) ? yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Hypertension & Myocarditis
(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? No
WHAT TEST CONFIRMED DIAGNOSIS? Urinalysis
(Signed) Frank G Mays, M.D
Mar 26, 1929 (Address) 304 W 4 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: Catholic Cemetery March
DATE OF BURIAL: 26th-1929 19

20. UNDERTAKER: Otto & Co- W H Otto Washington Mo
ADDRESS

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.

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