MAY 29 1929

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

Do not use this space. 15769

1. PLACE OF DEATH

County: St. Francois — Registration District No.: 773

Township: St. Francois — Primary Registration District No.: 6018A

City: Near ~~Farmington~~ (No. ..... St. ..... Ward)

File No. .....

Registered No. 58

2. FULL NAME Nora Bopp

(a) Residence. No. ..... St. ..... Ward. St. Louis County Missouri
(Usual place of abode) Kirkwood, Mo. (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 5 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Single

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
Unknown				

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) Doe Run,
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER John Bopp

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Caroline Gruner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Francois
(STATE OR COUNTRY) Missouri

14. INFORMANT Hospital Records
(Address) Farmington, Mo.

15. FILED 5-12 19 29 T. J. Robinson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-11- 19 29

17. I HEREBY CERTIFY, That I attended deceased from March 6, 1929, to April 11, 1929 that I last saw h. alive on April 10, 1929, and that death occurred, on the date stated above, at 9:35 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
T.B.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY)

(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? Clinical & Lab

(Signed) P. S. Tate, M. D.

4-12-, 1929 (Address) Hosp #4 Farmington 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
Ballwin Cemetery	4/13 19 29
20. UNDERTAKER	**ADDRESS**
Louis H. Bopp	Kirkwood 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.

PERMANENT RECORD

2612