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

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.

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

Do not use this space.

28994

1. PLACE OF DEATH
County Wright
Township
City Mansfield (No. ..... St. ..... Ward)

Registration District No. 407
Primary Registration District No. 4548

File No.
Registered No. 13

2. FULL NAME Jay H. Pope.
(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE Wht
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jenny Pope.
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-7-1852
7. AGE YEARS 78 MONTHS 1 DAYS 0 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Carpenter.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Rowe Co.
(STATE OR COUNTRY) Tenn.

PARENTS
10. NAME OF FATHER Jay H. Pope.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Tenn.
12. MAIDEN NAME OF MOTHER Elizabeth Parker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Tenn.

14. INFORMANT Jay Pope
(Address) Mansfield
15. FILED 8-7 1930 J. A. Furon REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 7 1930
17. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1930, to Aug 7, 1930 that I last saw him alive on Aug 6 1930, and that death occurred, on the date stated above, at 8 45 A.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
828 162 74 A1 (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Old age
..... (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? Phys Ex
(Signed) J. A. Furon, M. D.
Aug 7, 1930 (Address) Mansfield 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 Dennis Sem
DATE OF BURIAL 8-8 1930
20. UNDERTAKER Floyd A. Steffe
ADDRESS Mansfield