

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

Do not use this space.

29718

1. PLACE OF DEATH

County Harrison
Township Cross
City Bethesda (No.)

Registration District No. 336
Primary Registration District No. 4198

File No.
Registered No.
St. Ward)

2. FULL NAME

(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 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

2. 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 Mollie Kopp

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb-17-1877

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 6 15 — — —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Insurance Agent
(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) Harrison Co Mo

10. NAME OF FATHER John M. Kopp

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Emahiser Kopp

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ind.

14. INFORMANT (Address) Chas. A. Kopp
Harrison Co Mo

15. FILED 9/3 1930 H. J. Easter REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept-2 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1930, to Sept 2, 1930 that I last saw him alive on Sept 2, 1930, and that death occurred, on the date stated above, at 9 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Pectoris
59
94A (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Diabetes

(duration) 4 yrs. mos. da.

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?

(Signed) J. D. Dee, M. D.

9/2, 1930 (Address) Earleville 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

Anderson 9/3 1930

20. UNDERTAKER ADDRESS

Graves & Graves Earleville 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.

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