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

Do not use this space.

11
4

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 8865

Township — Primary Registration District No. 1001 — Registered No. 294

City St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Fannie J. Soper,

(a) Residence. No. 709 Faraon St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eugene Soper,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) October 19, 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	73	5	0	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home, 235

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Louisville, (STATE OR COUNTRY) Kentucky, 2

PARENTS

10. NAME OF FATHER Henry Johnson,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Kentucky,

12. MAIDEN NAME OF MOTHER Laura Sale,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Kentucky,

14. INFORMANT Eugene Soper (Address) 709 Faraon Street,

15. FILED MAR 20 1931 John R. Bender REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 19 1931

17. I HEREBY CERTIFY, That I attended deceased from March 11th, 1931, to March 19, 1931 that I last saw her alive on March 19, 1931, and that death occurred, on the date stated above, at 10:10 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia associated with Influenza Broncho 11 ft

10 ft (duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) Influenza (duration) yrs. mos. 14 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? X ray

(Signed) Daniel Morton, M. D.

Mch 20, 1931 (Address) Kirkpatrick Bldg

*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
Mount Mora Cemetery,	Mch. 21, 1931
20. UNDERTAKER	ADDRESS
Heaton-BeGole & Bowman	319 S. 10 St.

Funeral Home