

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

Do not use this space.

13343

1. PLACE OF DEATH

County Butler Registration District No. 89
 Township Poplar Bluff Primary Registration District No. S131
 City (No.) St. Ward

2. FULL NAME No. 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or 15 min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Infant</u>			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Butler Co., Mo.</u>				
FATHER	13. NAME <u>Samuel Albert Hoppe</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cape Girardeau, Missouri</u>			
MOTHER	15. MAIDEN NAME <u>Francis Lee Stedman</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Butler, Mo.</u>			
17. INFORMANT (ADDRESS) <u>Samuel Albert Hoppe</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Private Cem.</u> DATE <u>4-23-31</u> 19				
19. UNDERTAKER (ADDRESS) <u>None</u>				
20. FILED <u>April 29, 1931</u> <u>B. J. Cline</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23 1931

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1931, 19 to , 19. I last saw h./m. alive on April 23, 1931, 19. Death is said to have occurred on the date stated above, at, m. The principal cause of death and related causes of importance were as follows:
Premature birth
 Date of onset

Other contributory causes of importance:
None

Name of operation None Date of
 What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No. Date of injury , 19
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) Albert G. Cline M. D.
 (Address) Poplar Bluff Mo.

WRITE PEANUT, 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. MAY 2 1 1931

