

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

Do not use this space.

**21089**

**1. PLACE OF DEATH**

36

County Franklin  
Township Boone  
City Boone (No. ....)

Registration District No. 1104  
Primary Registration District No. 54156

File No. ....  
Registered No. 7  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. John T. Koppelman St. .... Ward. ....  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) Beulah Besson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 10 1852

7. AGE YEARS 78 MONTHS 8 DAYS 6 If LESS than 1 day, .... hrs. or .... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....  
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) Beaufort Mo

FATHER 13. NAME John Koppelman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) Edw. Bess

18. BURIAL, CREMATION, OR REMOVAL PLACE Graves DATE June 18 1931

19. UNDERTAKER (ADDRESS) W. P. Fitzgerald

20. FILED 6-17 1931 W. P. Fitzgerald Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16 1931

22. I HEREBY CERTIFY That I attended deceased from Jan 1 1926 to June 16 1931  
I last saw him alive on June 15 1931 Death is said to have occurred on the date stated above, at 10 P.M.  
The principal cause of death and related causes of importance were as follows:

Chronic hypertrophic arthritis Date of onset 1900  
131  
P 57A  
Other contributory causes of importance: Chronic nephritis 1929

Name of operation ..... Date of .....  
What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... 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? No

If so, specify .....  
(Signed) J. Matthews M. D.

(Address) Beaufort, 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.

JUL 24 1931

