

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

Do not use this space.

25243

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Kew Primary Registration District No. 1008  
 City Kansas City (No. Kansas City gen. Hosp.) Ward

File No. 100/4  
 Registered No. 100/4

**2. FULL NAME**

Harry Shoop  
 (a) Residence, No. 720 1/2 West St. 1 Ward. (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 30 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
37 5 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer  
 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) Shoctor Ohio

FATHER 13. NAME Wm Shoop

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

MOTHER 15. MAIDEN NAME Jennie McKelvey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris

17. INFORMANT Reverend Clerk (ADDRESS) Gen. Hosp.

18. BURIAL, CREMATION, OR REMOVAL PLACE Marion DATE July 29 1931

19. UNDERTAKER Chas. B. Kapitana (ADDRESS) R. C. No.

20. FILED July 28 1931 M. M. Brown Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-27 1931

22. I HEREBY CERTIFY, That I attended deceased from 7-16 1931, to 7-27 1931

I last saw him alive on 7-27 1931. Death is said to have occurred on the date stated above, at 1:45 P. m.  
 The principal cause of death and related causes of importance were as follows:

Abscess of Brain Date of onset  
1070 1071  
745  
 Other contributory causes of importance:  
Bronchopneumonia

Name of operation no Date of no  
 What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Date of injury, 1931

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) P. Williams M. D.  
 (Address) Gen. Hosp. R. C. No.

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.

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

