

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

Do not use this space.

31038

1. PLACE OF DEATH

County Greene Registration District No. 318
Township Springfield Primary Registration District No. 2041
City Springfield (No. 2137 N. Boulevard)

File No.
Registered No. 698
St. Ward)

2. FULL NAME

(a) Residence, No. 2137 N. Boulevard 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep. 16-1865
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 0 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. grocer salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. traveling city salesman
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) Ill

FATHER 13. NAME Dowell Roper

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME unknown

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Mrs. W. H. Roper
(ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL Belleview Cemetery DATE Sep 25, 1931

19. UNDERTAKER W. Klingner & Co.
(ADDRESS) Springfield, Mo.

20. FILED 9-24, 1931 G. S. Sharp
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-23-1931
22. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1931, to 9-23-1931
I last saw him alive on 9-22, 1931. Death is said to have occurred on the date stated above, at 2:30 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset 930
97 930
Other contributory causes of importance: arterio sclerosis

Name of operation Date of
What test confirmed diagnosis? Clinical 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?
If so, specify Heart
(Signed) Wm. H. Roper, M. D.
(Address) 450 1/2 E. Court

WRITE PLAINLY, 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.

OCT 22 1931

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