

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

Do not use this space.

33894

**1. PLACE OF DEATH**

County Black Registration District No. 190  
Township \_\_\_\_\_ Primary Registration District No. H113  
City Kahoka (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Christian Stopper  
(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>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emma Halbeck Stopper</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 27, 1851</u>		
7. AGE YEARS <u>80</u>	MONTHS <u>1</u>	DAYS <u>10</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Barber</u>		
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

OCCUPATION

FATHER

MOTHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
13. NAME <u>John Stopper</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
15. MAIDEN NAME <u>not known</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
17. INFORMANT (ADDRESS) <u>Mrs. Emma Stopper Kahoka Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Kahoka Cem</u> DATE <u>Oct 9</u> 19 <u>31</u>
19. UNDERTAKER (ADDRESS) <u>Fred J. Kaele Kahoka Mo</u>
20. FILED <u>10/9</u> 19 <u>31</u> <u>J. K. Dridger</u> Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7 1931  
22. I HEREBY CERTIFY That I attended deceased from Oct 4 1931 to Oct 7 1931  
I last saw deceased alive on Oct 7 1931. Death is said

to have occurred on the date stated above, at 7:45 AM.  
The principal cause of death and related causes of importance were as follows:

Epidemic Encephalitis  
Dysentery

Date of onset  
10-1-31

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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 \_\_\_\_\_  
(Signed) W. B. Dixon, M. D.  
(Address) Kahoka 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.

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