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.

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

Do not use this space.

40760

1. PLACE OF DEATH
County Howard
Township Prairie
City (No. , St. Ward)
Registration District No. 376
Primary Registration District No. 47-70
File No.
Registered No.

2. FULL NAME Bernice Sopp
(a) Residence, No. St., Ward. Hampton Iowa
(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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF wife of Louis Sopp
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 9 1883
7. AGE YEARS 48 MONTHS 1 P. DAYS 24 If LESS than 1 day, hrs. or min.

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

FATHER
13. NAME Charley Morrison
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gertrude Missouri

MOTHER
15. MAIDEN NAME Gertrude W. Downey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) J D Morrison [illegible]
18. BURIAL, CREMATION, OR REMOVAL
PLACE Armstrong DATE Jan 2 1932
19. UNDERTAKER (ADDRESS) A H Oldaker
20. FILED 1-1 1932 W M Dickerson Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30, 1931
22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1931, to Dec 30, 1931
I last saw her alive on Dec 28, 1931. Death is said to have occurred on the date stated above, at 8 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pericarditis Arthritis & Nephritis	
Resulting in Gral Anasarca	Dec 1 1930
132A	
90B	
112	

Other contributory causes of importance:
Arthritis Nephritis and Pericarditis

Name of operation None Date of None
What test confirmed diagnosis? Burial 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 None, 19
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) J L Cecil, M. D.
(Address) Armstrong Mo