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.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 6798

Township ..... Primary Registration District No. 1003 Registered No. 1877

City St. Louis (No. 4461 Enright St. ..... Ward)

2. FULL NAME John D. Cropper

(a) Residence, No. 4461 Enright St., ..... Ward. (If nonresident, give city or town and State)
(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.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS abt. 85 MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

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) Maryland 2

FATHER

13. NAME Peck Cropper

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

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

17. INFORMANT (ADDRESS) Mrs. Elizabeth Cropper 4461 Enright Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Jefferson Barracks DATE Feb-29 1932

19. UNDERTAKER (ADDRESS) C. H. Roberts 3035 Lucas Ave.

20. FILED FEB 26 1932 19 Max C. Starkloff Registrar.

## 3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 22nd, 1932, to Feb 25, 1932

I last saw him alive on Feb 24th, 1932 Death is said to have occurred on the date stated above, at 8:00 a.m.

The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia — Date of onset 2-21-32

95B

107A

162

107A

Other contributory causes of importance: Cardiac Asthenia or Senility

1

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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) E. S. Bailey, M. D.

(Address) 2642 Franklin Ave.