

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

FEB 28 1933
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.

1262

1. PLACE OF DEATH
 48 County JACKSON Registration District No. 398
 Township BLUE Primary Registration District No. 5554
 City INDEPENDENCE (No. DELONG FARM, CRACKERNECK ROAD) St. _____ Ward _____

2. FULL NAME MARK DOPP
 (a) Residence, No. DELONG FARM, CRACKERNECK ROAD 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) WIDOWER

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-19-1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 5 25

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. LANDSCAPING

10. Date deceased last worked at this occupation (month and year) July 7, 1933 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (CITY OR TOWN) FLINT (TUSCOLA COUNTY)
 (STATE OR COUNTRY) MICH.

13. NAME WILLIAM HENRY DOPP

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

15. MAIDEN NAME LYDIA WIXON

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

17. INFORMANT MR. E. W. SELLERS
 (ADDRESS) 309 S. OSAGE ST., INDEP. MO.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE BLUE SPRINGS MO. DATE JAN. 16, 1933

19. UNDERTAKER STAHL'S FUNERAL HOME
 (ADDRESS) 815 W. MAPLE AVE., INDEP. MO.

20. FILED Jan. 16 1933 Dr. F. L. Cook
 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN. 14, 1933 1933

22. HEREBY CERTIFY That I attended deceased from Jan 9 1933 to Jan 14 1933, 1933
 I first saw him alive on Jan 3, 1933 Death is said to have occurred on the date stated above, at 8:20 P. m.
 The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage
Paralytic tetanus
ETIA (Hypertension)
82 P.
 Other contributory causes of importance:
81

Name of operation None 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 _____, 1933
 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 none
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) John W. Green M. D.
 (Address) Independence Mo.

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