

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.

APR 29 1935

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

Do not use this space.

9934

1. PLACE OF DEATH

County Jasper
Township Mineral
City Sumner (No.)

Registration District No. 394
Primary Registration District No. 4550

File No.
Registered No. 4
St. Ward

62. FULL NAME Phillip C O'P

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ---

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1, 1933

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

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1933 to July 22, 1933

I last saw him alive on July 21, 1933 Death is said to have occurred on the date stated above, at 9 P. M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 24, 1931

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 4 7

Marasmus Date of onset 1

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

Other contributory causes of importance:
158

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Picher Oklahoma

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

13. NAME Ray C O'P

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury 1, 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Missouri

Manner of injury 1
Nature of injury 1

15. MAIDEN NAME Lucille Spencer

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin Missouri

(Signed) D. A. Carlyle, M. D.
(Address) Alba Mo

17. INFORMANT Ray C O'P
(ADDRESS) Sumner, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Sumner Cem. DATE Mar 3, 1933

19. UNDERTAKER Knell Mortuary
(ADDRESS) 603 East Main Street, Mineral

20. FILED Apr 10, 1935 Thelma Hogan Registrar.

