

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

Do not use this space.

28474

1. PLACE OF DEATH.

County Saline
Township Marshall
City Marshall (No. _____)

Registration District No. 796
Primary Registration District No. 3028

File No. _____
Registered No. 113
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 404 N. Hill 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) aug. 22-1856

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.
76 11 26 16

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

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) Saline Mo

13. NAME Thomas Pope

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

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) R. O. Hatfield Marshall Mo 404 N. Hill

18. BURIAL, CREMATION, OR REMOVAL PLACE Slater mo DATE aug 8-1933

19. UNDERTAKER (ADDRESS) John J. Salzer Slater mo

20. FILED 8/14 1933 W. H. Conway Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7 1933

I HEREBY CERTIFY that I attended deceased from _____ 1933 to _____ 1933

I last saw _____ on Aug 7 1933 death is said to have occurred on the date stated above at _____ m.

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

White Enteritis Date of onset July 20 1933

Other contributory causes of importance: Arteriosclerosis 1928

Name of operation None Date of _____
What test confirmed diagnosis Microscopic 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) W. H. Conway, M. D.
(Address) Marshall Mo

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.

SEP 20 1933

