

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

Do not use this space.

MAR 24 1934

4528

1. PLACE OF DEATH

County Greene
Township Frank
City Herriman (No. _____)

Registration District No. 303
Primary Registration District No. 5420

File No. _____
Registered No. 9
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ 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

SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 22-1893
7. AGE YEARS 40 MONTHS 11 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Kirkwood, Mo. (STATE OR COUNTRY)

13. NAME Geo. Bopp
14. BIRTHPLACE (CITY OR TOWN) Herriman Mo. (STATE OR COUNTRY)

15. MAIDEN NAME Mary Huber
16. BIRTHPLACE (CITY OR TOWN) Herriman Mo. (STATE OR COUNTRY)

17. INFORMANT Wm. Sexauer (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Herriman Mo. DATE Mar. 2 1934

19. UNDERTAKER Greenidge (ADDRESS)

20. FILED 3-1 1934 Anna R. Rickhoff Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 27 1934

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____

I last saw him alive on Feb 20 1934 Death is said to have occurred on the date stated above, at 9:30 P.

The principal cause of death and related causes of importance were as follows: Cerebral hemorrhage Date of onset _____

(Was called, patient died before 2 arrived. From history of family friend at death, strongly indicated Cerebral hemorrhage.)

Other contributory causes of importance: Coronary did not think inquiry necessary.

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) J. J. Weisling M. D. (Address) Herriman Mo.

