

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

Do not use this space.

OCT 17 1934

32746

1. PLACE OF DEATH

County Jackson
Township
City Kansas City Mo. (No.)

Registration District No. 399
Primary Registration District No. 1002
St. Joseph Hospital

File No.
Registered No. 41151A
St. Ward

2. FULL NAME John Schopflin Jr.

(a) Residence, No. 6149 Charlotte St. 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. 28 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) Baby
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 6, 1934

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
		<u> </u>	<u>28</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>None</u>
	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) Kansas City, Mo.
(STATE OR COUNTRY)

13. NAME John Schopflin Sr.

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

15. MAIDEN NAME Lucile F. Henderson

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

17. INFORMANT John Schopflin
(ADDRESS) 6149 Charlotte St.

18. PLACE OF BURIAL, CREMATION, OR INTERMENT
PLACE Elmwood Cemetery DATE Sept. 4, 1934

19. UNDERTAKER Freeman Mortuary
(ADDRESS) 104 W. 42nd.

20. FILED 9-4-34 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from 8/15, 1934, to 9/3, 1934.
I last saw him alive on 9/3, 1934. Death is said to have occurred on the date stated above, at 5:20 p.m.

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

Several Peritonitis
Staphylococci
gallium septimium
Staphylococci
Impetigo & Boils

Other contributory causes of importance:
128 B
151 B

Name of operation Autopsy Date of 9/2-34
What test confirmed diagnosis? Path. Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

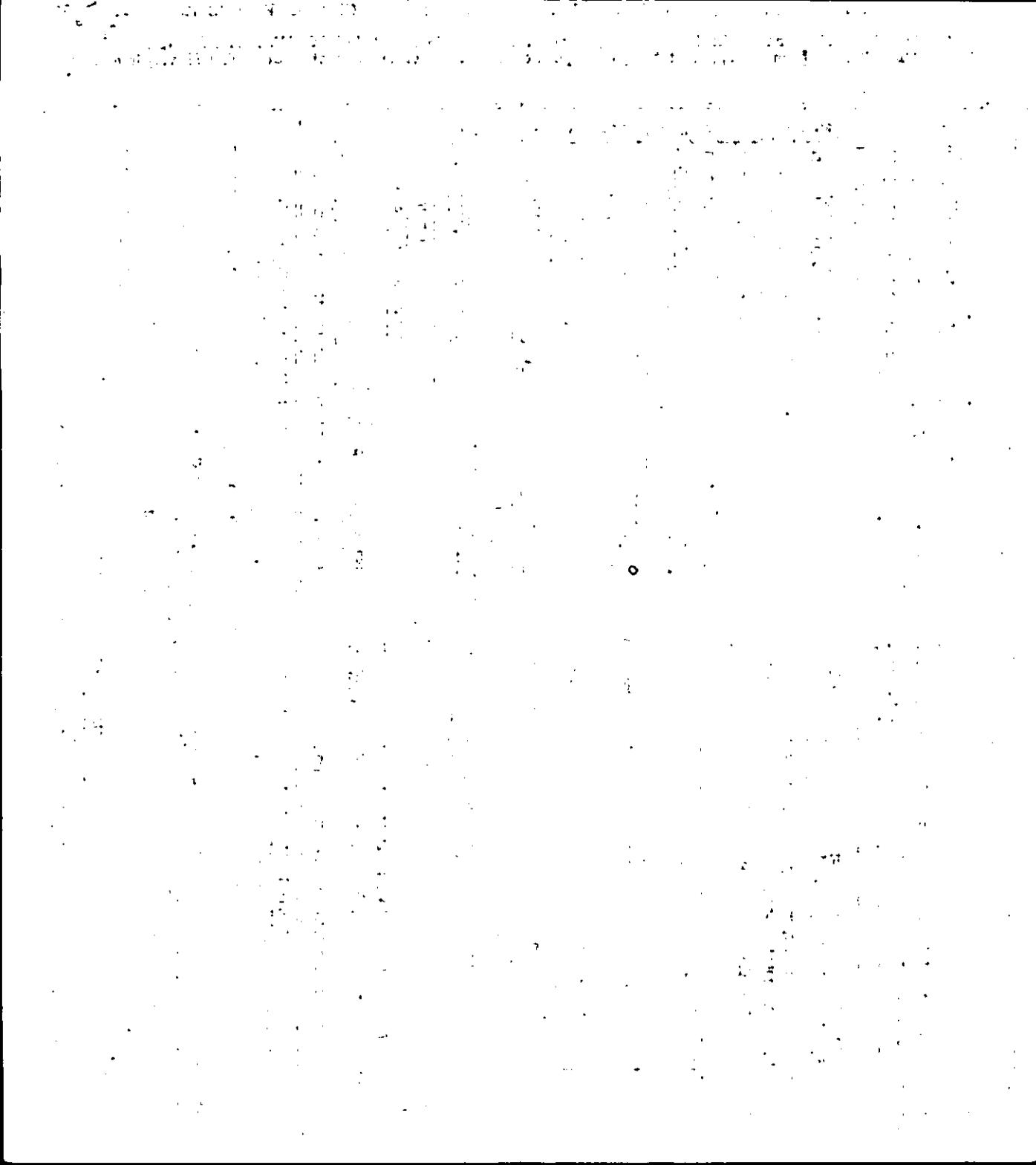
Where did injury occur?
(Specify city or town, county, and State)

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? Yes
If so, specify
(Signed) O. J. Beard, M. D.
(Address) 602 Ashby Bldg

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**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Jackson

Registration District No.

File No.

Township Kaw

Primary Registration District No.

Registered No. 4080

City K 6 mo

(No. St. Joseph's Hospital)

St. Ward)

2. FULL NAME

(a) Residence No. 6149 Charlotte St. Ward.

(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) Single

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

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

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

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

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19...

19. UNDERTAKER (ADDRESS)

20. FILED 7/4 1934 M. M. Crockett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on, 19... 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:

General peritonitis and intestinal obstruction Date of onset
General peritonitis and intestinal obstruction
which formed the basis for

Other contributory causes of importance:
parapneumonia for relief of intestinal obstruction

Name of operation Date of operation

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? If so, specify

(Signed) M. D. (Address)

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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