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.

DEC 6 1934

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

Do not use this space.

38606

File No. 38606

Registered No. 1283

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township — Primary Registration District No. 1001
City St Joseph (No. 1401 N. 2 St. Ward)

2. FULL NAME Charles Knowles Soper
(a) Residence, No. 1401 No 2 St., Ward
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 37 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 Wht
5. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED (write the word)~~ Married
5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) ~~WIFE OF~~ Caroline Costolo
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 16 1864
7. AGE — YEARS 70 — MONTHS 2 — DAYS 4 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Soper Sign Co.
10. Date deceased last worked at this occupation (month and year) Soper Service Adv.
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moores Hill Ind.

FATHER
13. NAME Hannibal Soper
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maine unknown

MOTHER
15. MAIDEN NAME Melvinia Knowles
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown unknown

17. INFORMANT (ADDRESS) Mrs. Caroline Soper St Joseph Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Oregon Mo DATE Nov. 22 1934
19. UNDERTAKER (ADDRESS) Slamey Fun. Home St Joseph Mo
20. FILED NOV 21 1934 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 20 34

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1934, to Nov 20, 1934
I last saw him alive on Nov 20, 1934. Death is said to have occurred on the date stated above, at 6:30 A.m.
The principal cause of death and related causes of importance were as follows:

Angina Pectoris — Date of onset 11/20/34
788

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) Leroy Beck, M. D.
(Address) King Hill Bldg St Joseph Mo

Dr Beck.