DEC 13 1934

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

Do not use this space.

40902

1. PLACE OF DEATH

County ..... Registration District No. 791 18

Township ..... Primary Registration District No. 1003

City St Louis (No. Frisco Hosp St. ..... Ward)

File No. .....

Registered No. 10846

2. FULL NAME Ely A. Lope

(a) Residence, No. ~~Salem, Mo.~~ St., NR Ward. Salem Mo
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 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): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 19-1872

7. AGE: YEARS 62 | MONTHS 1 | DAYS 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Conductor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Railroad
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): Ill.

FATHER

13. NAME: Henry Lope
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER

15. MAIDEN NAME: Lucy Lobe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ~~Pa.~~ W. Va.

17. INFORMANT (ADDRESS): Laura Lope Salem, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Salem Mo DATE Nov. 13 1934

19. UNDERTAKER (ADDRESS): Albert H. Happy 429 N. Euclid

20. FILED NOV 13 1934 J. F. Biebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11 - 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from 10 - 1, 1934, to 11 - 10, 1934

I last saw him alive on 11 - 9, 1934. Death is said to have occurred on the date stated above, at 1:30 A.m.

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

Carcinoma liver — Date of onset: 3 yrs ago

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Other contributory causes of importance: chronic passive congestion abdominal organs

Name of operation: Laparotomy Date of 11-6-34

What test confirmed diagnosis? Operation 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. L. Macon Jr., M. D.

(Address) 4960 Laclede, St Louis, Mo

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.

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