

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

Do not use this space.

JAN 1 2 1935

36 1. PLACE OF DEATH
County Franklin Registration District No. 295
Township Murmanee Primary Registration District No. 5412
City Sullivan (No. _____ St. _____ Ward _____)

2. FULL NAME Otis Francis Weiskopf
(a) Residence, No. Sullivan St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 2 yrs. 6 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident, give city or town and State)

File No. 42559
Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12, 1932

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>2</u>	<u>6</u>	<u>4</u>	

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. None

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) Sullivan, Mo.

13. NAME Edward S. Weiskopf

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan, Mo.

15. MAIDEN NAME Carrie Schatz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan, Mo.

17. INFORMANT Edward S. Weiskopf
(ADDRESS) Sullivan, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Quaker Garden DATE Dec. 18, 1934

19. UNDERTAKER (ADDRESS) Miss L. L. Springer, Springfield, Mo.

20. FILED 12-17-34 Ch. J. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1934, to Dec. 16, 1934
I last saw him alive on Oct. 11, 1934. Death is said to have occurred on the date stated above, at 9:40 p.m.
The principal cause of death and related causes of importance were as follows:
Lymphoma (post. to ad. eye with later metastasis to the left) 1934.
53E
Date of onset _____

Other contributory causes of importance: 53

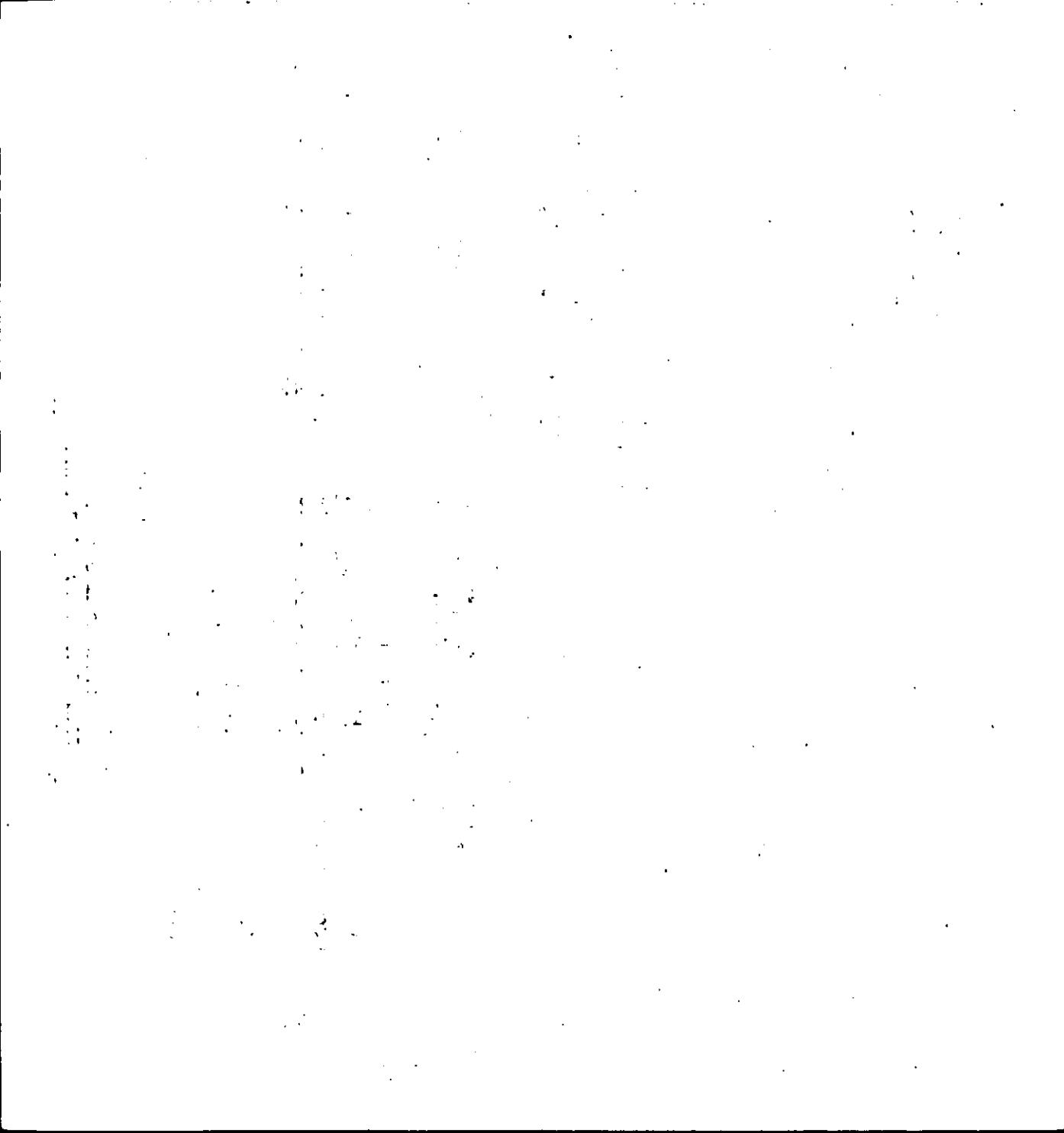
Name of operation Biopsy Date of 9-22-34
What test confirmed diagnosis? Lab Was there an autopsy? No.

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) R. C. Kitchell, M. D.
(Address) Sullivan, Mo.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Enter statement of occurrence in very important



**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Franklin

Registration District No. 295

Township

Primary Registration District No. 5412

City

No.

St. Ward)

2. FULL NAME

Otis Francis Weiskopf

(a) Residence, No. 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) y

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

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

7. AGE YEARS 2 MONTHS 6 DAYS 4 If LESS than day, 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) If 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 12-17 1934 O. F. Brackley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16 1934

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... 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:

Lymphoma
(malignant)

Date of onset

Other contributory causes of importance:

52

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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).....

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.

SUPPLEMENTARY

JAN 29 1935

S-42459