

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

Do not use this space.

23064

1. PLACE OF DEATH

County Jackson
Township Law
City Russell City

Registration District No. 399
Primary Registration District No. 1002
(No. 2819 E 10th)

File No.
Registered No. 2997
St. Ward)

2. FULL NAME

(a) Residence, No. Hoppe, Nellie 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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charles C. Hoppe</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 19 1869</u>		
7. AGE YEARS <u>67</u>	MONTHS	DAYS <u>5</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Perry, Ind.</u>
13. NAME <u>Samuel P. Hagen</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
15. MAIDEN NAME <u>Sarah A. Jones</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
17. INFORMANT <u>Walter H. Woodington</u> (ADDRESS) <u>2819 E 10th</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Elmwood</u> DATE <u>June 1936</u>
19. UNDERTAKER <u>W. G. & Henderson</u> (ADDRESS) <u>151 Jackson</u>
20. FILED <u>7/25 1936 M. M. Brown</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June - 24 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1 1936 to June 24 1936.
I last saw h. or alive on June 23 1936. Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Other contributory causes of importance:

No indurment of heart

Name of operation Date of
What test confirmed diagnosis? Autopsy 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? No
If so, specify
(Signed) Paul W. Johnson, M. D.
(Address) 920 Newton

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.

