

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

Do not use this space.

**OCT 21 1936**

**34308**

**1. PLACE OF DEATH**

County Howell Registration District No. 385  
Township Willow Springs Primary Registration District No. 5536  
City (No. ) St. Ward

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME Calvin Luther Pope**

(a) Residence, No. St. Ward. (If nonresident, give city or town and State)  
(Usual place of abode)  
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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 12, 1850</u>		
7. AGE YEARS <u>86</u>	MONTHS	DAYS <u>15</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>Retired Farmer</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 .....

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 27 1936  
22. I HEREBY CERTIFY, That I attended deceased from Sept. 20 1936, to Sept. 27, 1936  
I last saw him alive on Sept. 25, 1936 Death is said to have occurred on the date stated above, at 2 A. m.  
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis About 1931 Date of onset

Other contributory causes of importance:

Name of operation ----- Date of -----  
What test confirmed diagnosis? ----- Was there an autopsy? No

**Physical Findings**

23. If death was due to external causes (violence), list 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) [Signature], M. D.  
(Address) Willow Springs, Mo.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Spartan Co., S. C.</u>
	13. NAME <u>Taylor Pope</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	15. MAIDEN NAME <u>Susie Byers</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
17. INFORMANT <u>Jake Pope, Mtn. View, Mo.</u> (ADDRESS)	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rowe Cemetery</u> DATE <u>Sept. 28</u> '36	
19. UNDERTAKER <u>Paige Robison</u> (ADDRESS) <u>West Plains, Mo.</u>	
20. FILED <u>Sept. 27</u> 19 <u>36</u> <u>[Signature]</u> Registrar.	

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.

WHITE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD

