

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

Do not use this space.

FEB 26 1937

878

1. PLACE OF DEATH

County Franklin Registration District No. 297 File No. 878
 Township St. John's Primary Registration District No. 5414 Registered No. 4
 City Washington, Mo. R.F.D. #2 St. _____ Ward _____

2. FULL NAME Bernard Frederick Kopp

(a) Residence, No. Washington, Mo. R.F.D. #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 0 yrs. 10 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) X

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 14th, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1937, to Jan 14, 1937
 last saw him alive on Jan 14, 1937 Death is said to have occurred on the date stated above, at 1:00 P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 17th, 1936

The principal cause of death and related causes of importance were as follows:
Bilateral Otitis Media Date of onset _____

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
0 10 27

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

Other contributory causes of importance:


12. BIRTHPLACE (CITY OR TOWN) Washington,
 (STATE OR COUNTRY) Missouri.

FATHER
 13. NAME Joe H. Kopp.

14. BIRTHPLACE (CITY OR TOWN) Washington,
 (STATE OR COUNTRY) Missouri.

MOTHER
 15. MAIDEN NAME Agatha Gildehaus.

16. BIRTHPLACE (CITY OR TOWN) Villa Ridge,
 (STATE OR COUNTRY) Missouri.

17. INFORMANT Joe H. Kopp.
 (ADDRESS) Washington, Mo. R. F. D. #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington, Mo. DATE Jan. 16th, 1937

19. UNDERTAKER Nieburg & Vitt, Inc.,
 (ADDRESS) Washington, Mo.

20. FILED Jan - 14 - 1936 A. A. May
 Registrar.

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) [Signature], M. D.
 (Address) Washington, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

