

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

Do not use this space.

1. PLACE OF DEATH
87 County Rolla 28 1937
Township Saverton
City Saverton (No. 726)

Registration District No. 726
Primary Registration District No. 595-8

File No. 21064
Registered No. 7
St. 7 Ward

2. FULL NAME Marion Franklin Stoops
(a) Residence, No. Saverton, Mo. St. 7 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 7 yrs. mos. 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 Eugene Belle Murchu Stoops
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7, 1872
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
64 9 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Hancock County (STATE OR COUNTRY) Mo.

13. NAME Joseph Stoops

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (CITY OR TOWN) " (STATE OR COUNTRY) "

17. INFORMANT Robert Stoops (ADDRESS) Saverton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olivet Cem. DATE May 6th 1937

19. UNDERTAKER Roy P. Schwartz (ADDRESS) Hannibal, Mo.

20. FILED June 2 1937 Blanche Mergon Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 26, 1937, to May 3, 1937.
I last saw him alive on April 26, 1937. Death is said to have occurred on the date stated above, at 7:25 p.m.

The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia
Date of onset

Other contributory causes of importance: 108

Name of operation Date of

What test confirmed diagnosis? 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

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) N. J. Waters, M. D.

(Address) New London, Mo

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

