

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.

Do not use this space.

9 JUL 29 1937

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

1. PLACE OF DEATH
 County Jasper Registration District No. 411 File No. 23975
 Township Jasper Primary Registration District No. 2007 Registered No. _____
 City Jasper (No. Freeman Hosp) St. _____ Ward _____

2. FULL NAME Marion Stopp
 (a) Residence, No. Ozark, Mo. Ward. Ozark, Mo.
 (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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 25, 1863

7. AGE YEARS 73 MONTHS 7 DAYS 3 If LESS than 1 day, hrs. 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. Farmer

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) June 28, 1937

22. I HEREBY CERTIFY That I attended deceased from June 27, 1937 to June 28, 1937
 Last saw him alive on June 27, 1937 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:
Miliary Tuberculosis of Brain Date of onset _____

Other contributory causes of importance:
Secondary brain tumor depressed

Name of operation _____ Date of _____
 What test confirmed diagnosis? Tubercular 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) H. B. Brown, M. D.
 (Address) Adena, Tenn.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va.

13. NAME Bert Stopp

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va.

15. MAIDEN NAME Evelyn Doran

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va.

17. INFORMANT Earl Stopp - Son
 (ADDRESS) Barker Springs, Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Ozark, Mo. 6-30-1937

19. UNDERTAKER (ADDRESS) Barker Springs, Kansas

20. FILED 6-30-37 Registrar.

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