

OCT 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Barry Registration District No. 29 File No. 33557
Township Waldbrook Primary Registration District No. 4021 Registered No. 58
City Cassville No. _____ St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward Eagle Rock, 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

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 9 1882

7. AGE YEARS 55 MONTHS 1 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

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) (STATE OR COUNTRY) Indiana

13. NAME O. G. Sopher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Michigan

15. MAIDEN NAME Waldbrook

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kansas

17. INFORMANT Mrs. Elizabeth Sopher (ADDRESS) Cassville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE 10-3 1937

19. UNDERTAKER Koon Funeral Home (ADDRESS) Cassville, Mo.

20. FILED 10-7 1937 Stoumen Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/29 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-19 1937, to 9-29 1937

I last saw him alive on 9-29 1937. Death is said to have occurred on the date stated above, at 11:20 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset 9-19-37

Other contributory causes of importance: 948

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) Beaumont M. D.
(Address) Cassville, Mo.

N. B.—Every item of information should be carefully supplied. If you cannot be stated exactly, it is better to state "unknown" than to state "no information." Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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