

OCT 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Crawford
Township Liberty
City Leasburg

Registration District No. 233
Primary Registration District No. 5318

File No. 34056
Registered No. 299
St. _____ Ward _____

2. FULL NAME

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

(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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>May Formis</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6-20-1861</u>				
7. AGE <u>76</u>	YEARS	MONTHS <u>3</u>	DAYS <u>4</u>	IF LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-24-1937

22. I HEREBY CERTIFY, That I attended deceased from 9-12-1937, to 9-24-1937
I last saw him alive on 9/23/37. Death is said to have occurred on the date stated above, at 3:15 A.M.
The principal cause of death and related causes of importance were as follows:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

Chronic Myocarditis

Date of onset _____

Other contributory causes of importance: None

Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

MOTHER / FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

13. NAME William Lopping

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

15. MAIDEN NAME Fatsy Walle

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

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 _____

17. INFORMANT Arthur Lopping
(ADDRESS) Leasburg Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Leasburg DATE 9-27-37

19. UNDERTAKER Elmer Eby
(ADDRESS) Boston Mo

20. FILED Sept 26 1937 W. F. Drumm Registrar

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) W. F. Drumm, M. D.
(Address) Leasburg

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

