

JAN 1 1919

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

Do not use this space.

45727

1. PLACE OF DEATH

County Jasper
Township JOPLET
City Webb City

Registration District No. 417
Primary Registration District No. 5021

File No. 114
Registered No. 114
St. WEBB CITY, MO Ward

2. FULL NAME

(a) Residence, No. Charles Henry Hoppe
(Usual place of abode) Carl Junction, MO St. Ward.

Length of residence in city or town where death occurred yrs. mos. 1 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 Sarah Hoppe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23 1865

7. AGE YEARS 72 MONTHS 5 DAYS 19 If LESS than 1 day, hrs. or min.

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

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) Dec 1 1937 11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lama Ark

13. NAME Edward Hoppe

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

15. MAIDEN NAME no name

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

17. INFORMANT Miss W. H. Temple (ADDRESS) See body Thomas

18. BURIAL, CREMATION, OR REMOVAL PLACE Carl Junction DATE Dec 13 1937

19. UNDERTAKER (ADDRESS) OTB Roney
Carl Junction, Mo

20. FILED 12-12-37 19 1937 Registrar. E. P. Fitchett, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 12 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 11 1937 to Dec 12 1937

I last saw him alive on Dec 12 1937 Death is said to have occurred on the date stated above, at 3:30 a.m.

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

gangrene of foot

Other contributory causes of importance:

due to rheumatoid arthritis

Name of operation amputation Date of 12-11-37

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) Mrs. Slaughter M. D. (Address) Webb City, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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