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.

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

2/1

Do not use this space.

File No. 1388

Registered No. 76

1. PLACE OF DEATH

County Jackson Registration District No. 399

Township Kaw Primary Registration District No. 1002

City Kansas City, Mo. (No. 3615 Agnes St. Ward)

2. FULL NAME Mrs. Cora Ann Lopp 100

(a) Residence, No. 3615 Agnes 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

3. SEX: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. H. Lopp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2, 1887

7. AGE: Years 51 | Months 9 | Days 2 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) Missouri 0

FATHER

13. NAME Jacob Davis 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 9

MOTHER

15. MAIDEN NAME Rebecca Medeleton

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

17. INFORMANT Mrs. John Carr.
(ADDRESS) 3615 Agnes, K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Smithton, Mo. DATE Jan. 6-38, 19

19. UNDERTAKER C.H.Blackman & Son, Inc.
(ADDRESS) 2825 Indep. Blvd. K.C.Mo.

20. FILED Jan 6, 38 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-25, 1937, to 1-4, 1938

I last saw h. Mr. alive on 1-3, 1938. Death is said to have occurred on the date stated above, at 2:40 PM m.

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

Coronary disease — Date of onset

94B

Other contributory causes of importance:

Name of operation ..... Date of .....

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) E. Ernest Johnson Jr. M. D.

(Address) 730 Professional

RECEIVED

FEB 1[illegible] 1938

BUREAU OF [illegible] STICS
MO. [illegible] LALTH