

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

Do not use this space.

4323

1. PLACE OF DEATH

County Shelby Registration District No. 828
 Township Jackson Primary Registration District No. 4501
 City Summersville (No. _____) St. _____ Ward _____

2. FULL NAME

Joseph M. Goppin 215
 (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 Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 4 - 1864
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
73 3 4
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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** _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 8, 1938
22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 4:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Apoplexy
 Date of onset _____
 Other contributory causes of importance:
Inquest deemed unnecessary

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
13. NAME Andrew M. Goppin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
15. MAIDEN NAME Arctia Moore
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
17. INFORMANT (ADDRESS) T. E. M. Goppin, Summersville, Mo
18. BURIAL, CREMATION, OR REMOVAL
 PLACE Union Chapel Cemetery DATE Jan. 9, 1938
19. UNDERTAKER (ADDRESS) Prover, Summersville, Mo
20. FILED Jan 10, 1938 Mrs. Lyle Paulson Registrar.

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? 4
 If so, specify _____ (Coroner)
 (Signed) W. M. Musgrove M.D.
 (Address) Bethel, Mo

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

RECEIVED

FEB 28 1938

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MO. STATE BOARD OF HEALTH