

REV. APR 1 1938

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

Do not use this space.

10163

1. PLACE OF DEATH

County BUCHANAN

Township WASHINGTON

City ST. JOSEPH, MO.

Registration District No. 85

Primary Registration District No. 1001

No. ST. FRANCIS HOTEL

File No.

Registered No. 301

St. Ward)

2. FULL NAME NICHOLAS KOPPEL 120

(a) Residence, No. MARYSVILLE, KANSAS, St., Ward.

(Usual place of abode)

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.

Marshall House

(If nonresident, give city or town and State)

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 KOPPEL

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

JUNE 16, 1866

7. AGE

YEARS 71

MONTHS 8

DAYS 25

If LESS than 1 day, hrs. or min.

OCCUPATION

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

STOCKMAN

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

OWN BUSINESS

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

UNK

11. Total time (years) spent in this occupation

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

MARYSVILLE, KANSAS

FATHER

13. NAME

NICHOLAS KOPPEL

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

UNKNOWN GERMANY

MOTHER

15. MAIDEN NAME

HELEN KLASS

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

UNKNOWN GERMANY

17. INFORMANT

(ADDRESS) MARYSVILLE, KANSAS

18. BURIAL, CREMATION, OR REMOVAL

PLACE MARYSVILLE, KANSAS DATE MARCH 11, 1938

19. UNDERTAKER

(ADDRESS) 1945 COLHOUN ST. ELEMEN & SON, INC.

20. FILED

MAR 12 1938 ST. JOSEPH, MO.

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

MARCH 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from

3-11, 1938 to 3-11, 1938

I last saw him alive on

3-11, 1938

Death is said to have occurred on the date stated above, at 4:15 p.m.

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

Acute Coronary Occlusion

Date of onset

94 B.

Other contributory causes of importance:

Coronary occlusion about 3 hrs

Name of operation

Date of

What test confirmed diagnosis?

Findings

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

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)

(Address)

H. W. Clark, M. D.
St. Joseph, Mo.

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.

