REC'D APR 18 1938

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

Do not use this space.

File No. 10263

Registered No. 69

1. PLACE OF DEATH
County: Butler
Township:
City: Poplar Bluff (No. 544 Poplar St. St. Ward)

Registration District No. 89
Primary Registration District No. 3007

2. FULL NAME: Homer Mopps 120

(a) Residence, No. 544 Poplar St. 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Male | White | Married |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Ada Mopps

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 17, 1889

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 48 | 11 | 11 | |

OCCUPATION

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

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): March 1938

11. Total time (years) spent in this occupation: 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cherry Point, Illinois

FATHER

13. NAME: Joseph Mopps

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Terre Haute, Indiana

MOTHER

15. MAIDEN NAME: Clara Englehart

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

17. INFORMANT (ADDRESS): Mrs. Ada Mopps, Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Poplar Bluff, Mo. DATE: 3/29 1938

19. UNDERTAKER (ADDRESS): Frank Und. Co., Poplar Bluff, Mo.

20. FILED: 3/29 1938 [signature] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-28-, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 17, 1936, to 3-28-, 1938
I last saw him alive on 3-25-, 1938. Death is said to have occurred on the date stated above, at 6 A m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary Embolism | ? |
| 9413. | |

Other contributory causes of importance:

| | |
|---|---|
| Obesity over a period of 1 year. | ? |

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) [signature], M. D.
(Address) Poplar Bluff, 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.