REC'D SEP 28 1938

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

29778
Do not use this space.

1. PLACE OF DEATH
(a) County Polk — Registration District No. 701
(b) Township Campbell — Primary Registration District No. 5935 — Registered No.
(c) City ~~Dunnegan~~ — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Tirzah Elizabeth Hopper 160
(a) Residence, No. ..... St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Hiram H. Hopper
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 10, 1858
7. AGE: YEARS 79 — MONTHS 8 — DAYS 21 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housekeeper
9. Industry or business in which work was done, as 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): West Virginia

FATHER
13. NAME: James Litle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER
15. MAIDEN NAME: Mirauda McPherson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

17. INFORMANT (ADDRESS): Mrs. Lon Nottingham, Dunnegan, Missouri
18. BURIAL, CREMATION, OR REMOVAL
PLACE Dunnegan DATE Sept. 3, 1938
19. FUNERAL DIRECTOR (ADDRESS): White-Erwin-Jenkins, Dunnegan, Missouri
20. FILED 9-9, 1938 J. T. Robert, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 1, 1938
22. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1938, to Sep 1 1938, 19..
I last saw her alive on Aug 31 1938, 19.... Death is said to have occurred on the date stated above, at 4:00 p m
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial nephritis	Dont know

Other contributory causes of importance:
Cardiac vas hypertention and arterio sclerosis

Name of operation # Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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? No
If so, specify
(Signed) Chas H Brown, M. D.
630 (Address) Fair Play Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note:—The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)