

REC'D DEC 19 1938

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

Do not use this space.

39360

File No. _____
Registered No. 304
St. _____ Ward)

1. PLACE OF DEATH

48 County Jackson Registration District No. 398
Township _____ Primary Registration District No. 3019
5 City Independence (No. 1497 North Dray)
4160

2. FULL NAME

John F. Popper
(a) Residence, No. 111 South Ralston 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Unwed

5X IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Divorced

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 17-1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 7 20

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

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) St. Louis
(STATE OR COUNTRY) Missouri

13. NAME George G. Popper

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

15. MAIDEN NAME Jane M. Kay

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

17. INFORMANT Ms. Florence A. Hall
(ADDRESS) 1100 3 East 24

18. BURIAL, CREMATION, OR REMOVAL PLACE Mound Grove DATE Nov. 9 38

19. UNDERTAKER George C. Carson
(ADDRESS) Independence, Mo.

20. FILED 11-14-38 J. L. Cook
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 7 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4 1938, to Nov. 7 1938

I last saw him alive on Nov. 7 1938 Death is said

to have occurred on the date stated above, at 6:15 P. m.

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

Acute Cardiac dilatation Date of onset Subs.

Other contributory causes of importance: 1070

Branch Pneumonia Nov. 38

Name of operation none Date of _____

What test confirmed diagnosis Cholesterol 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 _____, 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) C. Miller _____, M. D.

(Address) Independence

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.

