

DECD JAN 13 1938

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

Do not use this space.

File No. **44573**
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Saline Registration District No. 793
Township Blount Primary Registration District No. 4474
City Blackburn (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ 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. (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 Carrie Lopez
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-25-1864
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 74 9 8
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Martinsville Ind. 1

13. NAME James Lopez

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Martinsville Ind. 1

15. MAIDEN NAME Mary Appaling

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Highville Kentucky 1

17. INFORMANT (ADDRESS) Berrie Fitzpatrick Blackburn Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Blackburn Ind DATE 12/6/1938

19. UNDERTAKER (ADDRESS) Hofberg Munerslagu Blackburn Mo

20. FILED 2-7-1938 Ninnie Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-3-1938
22. I HEREBY CERTIFY, That I attended deceased from May 16-1938, to Dec 3-1938
I last saw him alive on Dec 3-1938. Death is said to have occurred on the date stated above, at 1:40 P.M.

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

Cerebral hemorrhage
82121

Date of case Dec 5

Other contributory causes of importance: Hypertension

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) Paul Russell M. D.

(Address) Blackburn Mo 715

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.

RECEIVED

District Health Officer No. 8,

District File Number

410/39
Date Filed