

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.

REC'D SEP 12 1939

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

Do not use this space.

28958

1. PLACE OF DEATH

27  
2  
2

County Cooper  
Township  
City Boonville  
100

Registration District No. 218  
Primary Registration District No. 3015-  
No. Alex. Van Ravenswaay

File No.  
Registered No. 97  
St. Ward

2. FULL NAME

Mrs. Margaret Kopp

(a) Residence, No. Buncheon St. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-29, 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1939, to Aug 29, 1939  
Last saw her alive on Aug 27, 1939 Death is said to have occurred on the date stated above, at 7 1/2 m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29-1915-

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min. 24 1 0

Date of onset 1939

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none  
10. Date deceased last worked at this occupation (month and year) none 11. Total time (years) spent in this occupation

Mitosis and fulminating pulmonary Dec.

Other contributory causes of importance: 22

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buncheon, Mo

MOTHER 13. NAME Herman J. Kopp

Name of operation..... Date of.....  
What test confirmed diagnosis? Cholesterol Was there an autopsy? NO

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buncheon, Mo

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)

MOTHER 15. MAIDEN NAME Anna Langkop

Specify whether injury occurred in industry, in home, or in public place.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buncheon, Mo

17. INFORMANT Mrs Jack Stuart  
(ADDRESS) Buncheon Mo.

Manner of injury.....  
Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE Buncheon Mo DATE 8-31, 1939

24. Was disease or injury in any way related to occupation of deceased? No.  
If so, specify.....

19. UNDERTAKER L. G. Parker  
(ADDRESS) Buncheon Mo.

(Signed) Aubrey H. Wells, M. D.  
1939 (Address) Boonville, Mo.

20. FILED 8-29, 1939 D. Hooper  
Registrar.

RECEIVED  
District Health Officer No. 8,  
District File Number 91838  
Date Filed