

1939 SEP 20 1939

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

Do not use this space.

29246

1. PLACE OF DEATH
 County Henry Registration District No. 347
 Township 1 Primary Registration District No. 3018
 City Clinton (No. _____) St. _____ Ward _____

2. FULL NAME Louisa Hoppe
 (a) Residence, No. 305 W. W. W. 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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 10 1953

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
85 7 22

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

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 20 1939

22. I HEREBY CERTIFY, That I attended deceased from 7-14 1939 to 8-1 1939
 I last saw her alive on 7-29 1939. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Mycocarditis (Chronic)
Nephritis (Chronic)

Other contributory causes of importance:
121

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Louisa Hoase

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs Ed Jones Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Suburgus Iowa 8-5-39

19. UNDERTAKER (ADDRESS) Consalus & Deese Clinton Mo

20. FILED 8-30 1939 Dr. J. R. Thompson Registrar.

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? Yes
 If so, specify James Smith M. D.
 (Signed) _____ (Address) Clinton Mo

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. 7,

District File Number 7-39-1789

Date Filed 9-7-39