

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 Clinton

Primary Registration District No. 3018

City Clinton (No. 1)

St. Mo. Ward 1

2. FULL NAME

(a) Residence, No. 305 W. Union St., Clinton Ward.

(Usual place of residence)

(If nonresident, give city or town and State)

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 Hopper

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

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

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

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

13. NAME Louisa Hopper

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

15. MAIDEN NAME Louisa Hopper

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

17. INFORMANT (ADDRESS) Mr Ed Jones Clinton Mo

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

19. UNDERTAKER (ADDRESS) Consolidated & Coe Clinton Mo

20. FILED 8-30-39 Dr. J. R. Thompson Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 2 1939

22. I HEREBY CERTIFY, That I attended deceased from 7-14 1939, to 8-1 1939

I last saw h. w. alive on 7-29 1939. Death is said

to have occurred on the date stated above, at Clinton Mo.

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

Myocarditis (Chronic)
Nephritis (Chronic)

Other contributory causes of importance:

Name of operation

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

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) James O. Smith M. D.

(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