REC'D SEP 21 1939

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

29913
Do not use this space.

80
4
4

**1. PLACE OF DEATH**

(a) County Pettis — Registration District No. 668

(b) Township — Primary Registration District No. 3032 — Registered No. 259

(c) City Sedalia — (d) Street No. 1409 South Stewart St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

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

**2. PRINT FULL NAME** 100 Alvine S. Bopp

(a) Residence, No. 1909 S. Stewart St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: T. J. Bopp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 12 1873

7. AGE: YEARS 66 — MONTHS 5 — DAYS 16 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.: At Home
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): Ill.

FATHER
13. NAME: Anton Swartz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Belleville Ill.

MOTHER
15. MAIDEN NAME: Emma Glanig
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Muscutch Ill.

17. INFORMANT (ADDRESS): L. A. Bopp Sedalia Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvara DATE Aug30 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS): McLaughlin Bros Sedalia Mo.

20. FILED 8-30- 1939 Mrs Harry Sneed Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 28 1939

22. I HEREBY CERTIFY, That I attended deceased from 11-29- 1936, to 8-28- 1939
I last saw her alive on 8-28- 1936 Death is said to have occurred on the date stated above, at 8 40 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Coronary occlusion (Angina Pec) | 1934 |
| 131 | |

Other contributory causes of importance:

| | |
|---|---|
| Hypertension | |
| arteriosclerosis | 1934 |
| Nephritis | 1935 |

Name of operation: none Date of ✓
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury ✓, 19✓
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: none
Nature of injury: none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Alfred O Monroe, M. D.
(Address) 111 W 4 Sedalia Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully reviewed. Exact statement of OCCUPATION is very important.
CAUSE OF DEATH in plain terms, so that it may be properly classified.

RECEIVED
District Health Officer No. 8,
District File Number 4/7/39
Date Filed

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Robert H. Reed, or by

Registered Apprentice No....., working under my personal supervision.

Signed Ralph E. Baker

Licensed Embalmer No. 24I9

P. O. Address Sedalia Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**