

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

Do not use this space.

30643

**1. PLACE OF DEATH**

County Henry  
Township White Oak  
City Urich (No. ....)

Registration District No. 347  
Primary Registration District No. 5495

File No. ....  
Registered No. 12,2 St. .... Ward)

**2. FULL NAME**

(a) Residence. No. .... St., ....  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

Nancy Matilda Jopline

**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 J. F. Joplin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 2-1845

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>82</u>	<u>83</u>	<u>9</u>	<u>25</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Ill.  
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER J. P. Miller

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....  
(STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Mary Tipton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....  
(STATE OR COUNTRY) Mo.

14. INFORMANT C. S. Jopline  
(Address) 6631' N. Elm St Louis Mo.

15. FILED Oct 10, 1929 Dr. E. C. Peeler  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 28 19 29

17. I HEREBY CERTIFY, That I attended deceased from four .....  
12 ..... 1929, to Sept 21 ..... 1929.  
that I last saw h. or v. alive on Sept 21 ..... 1929, and that  
death occurred, on the date stated above, at 6:30 ..... m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Influenza with dilatation  
of right ventricle

**CONTRIBUTORY (SECONDARY)**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, .....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF Y. ....

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) J. W. Gubrecht, M. D.  
, 19 (Address) Urich Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Englewood cem 9/28 19 29

**20. UNDERTAKER**

C. A. Rickett Brownington  
ADDRESS

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.

42  
83  
8  
3

235-  
2  
15

