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

Do not use this space.

34655

1. PLACE OF DEATH
County: Perry
Township: Central
City: (No. ... St. ... Ward)
Registration District No.: 360
Primary Registration District No.: 5878
File No.: 51
Registered No.:

2. FULL NAME: Mrs. Mary G. Choppins.
(a) Residence. No. ... St., ... Ward.
(Usual place of abode) (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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Louis Choppins,

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1-6-1872

7. AGE: Years 57 | Months 9 | Days 11 | If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Perry County Mo

PARENTS
10. NAME OF FATHER: Fabrial Frevallet
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Perry County Mo
12. MAIDEN NAME OF MOTHER: Mary A. Cissell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Perry County Mo

14. INFORMANT: Louis Choppins
(Address): Perryville Mo

15. FILED: 1919, 1929 Geo. J. Merker
Geo. J. Merker, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 17th 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 10th, 1928, to Oct 17th, 1929 that I last saw her alive on Sept 30th, 1929, and that death occurred, on the date stated above, at 9:15 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bulbar Paralysis
X1A
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. H. Barks, M. D
, 19 (Address) Perryville 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: Mount Hope Cem
DATE OF BURIAL: 10-19-1929

20. UNDERTAKER: Loellner - Young Wells
ADDRESS: Perryville Mo

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.