

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

Do not use this space.

7501

**1. PLACE OF DEATH**

County Buchanan  
Township \_\_\_\_\_  
City St. Joseph

85

Registration District No. \_\_\_\_\_  
Primary Registration District No. 1001  
(No. St. Joseph Hospital)

File No. \_\_\_\_\_  
Registered No. 302  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME Female Pope**

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 28, 1932</u>		
7. AGE	YEARS	MONTHS
	<u>0</u>	<u>0</u>
		DAYS
		<u>0</u>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
	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) St Joseph  
(STATE OR COUNTRY) Missouri

13. NAME Harry H Pope

14. BIRTHPLACE (CITY OR TOWN) Blue Rapids  
(STATE OR COUNTRY) Kansas

15. MAIDEN NAME Melba M Pennington

16. BIRTHPLACE (CITY OR TOWN) Frankford  
(STATE OR COUNTRY) Kansas

17. INFORMANT Harry H Pope  
(ADDRESS) Lincoln Nebr.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery DATE March 30 1932

19. UNDERTAKER (ADDRESS) H O Siderman  
1802 Union St St Joseph Mo.

20. FILED MAR 30 1932 John R. Bender  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 28 32 to Mar 28 32

I last saw h. w alive on Mar 28 32 Death is said to have occurred on the date stated above, at 5:30 P.M.

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

Respiratory distress Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) John R. Bender M. D.

(Address) \_\_\_\_\_

