

DEC 14 1937

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

Do not use this space.

1. PLACE OF DEATH

County Boone

Registration District No. 73

File No. 40640

Township Columbia

Primary Registration District No. 3006

Registered No. 256

City Columbia (No. 603 West Broadway) St. _____ Ward _____

2. FULL NAME

Eula Martin Pope

(a) Residence, No. 603 West Bduary, St. Ward _____

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Pope

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-29-1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 25 71 2 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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) Ashland, Mo.

13. NAME Mr. Ahner Martin

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

15. MAIDEN NAME Annie Tuttle

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

17. INFORMANT (ADDRESS) Miss Freda Pope Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Salem DATE Nov 21 1937

19. UNDERTAKER (ADDRESS) Parber Furniture Co Columbia, Mo.

20. FILED 11/22/1937 Allie Selby Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-19-1937

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1937, to 11-19, 1937

I last saw her alive on 11-19, 1937 Death is said to have occurred on the date stated above, at 2:50 p.m.

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

Coronary Thrombosis

Date of onset 11-18-37

Other contributory causes of importance:

Arterio sclerosis
Senility

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? Home (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) Andrew H. Jones M. D.

(Address) Columbia, Mo.

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

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