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.

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

Do not use this space.

1. PLACE OF DEATH
County: St Francois
Township: ~~St Francois~~
City: Flat River (No. ..... St. ..... Ward)

Registration District No. 724
Primary Registration District No. 4465

File No. 3963
Registered No. 788

2. FULL NAME: Wesley L. Pope 100

(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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR ~~DIVORCED~~ ~~HUSBAND OF~~ (OR ~~WIFE OF~~): Effie Pope

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 20-1880

7. AGE: Years 57 | Months 3 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: odd jobs
10. Date deceased last worked at this occupation (month and year): 1-8-38
11. Total time (years) spent in this occupation: 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Arkansas

FATHER
13. NAME: Martin Pope
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Sarah Allen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Arkansas

17. INFORMANT: Effie Pope
(ADDRESS) DeSoto Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Eugene Mo DATE: Jan 11, 1938

19. UNDERTAKER: Lee Mothershead
(ADDRESS) DeSoto Mo

20. FILED 2/2, 1938 C B Farrar
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1-8, 1938

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ By Inquest ~~to~~ Jan 8, 1938
I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:

Jury's Verdict:
Death from injuries when struck by a truck driven by Graham Layne

Date of onset

Other contributory causes of importance:
accident unavoidable

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? Accident Date of injury 1/8, 1938
Where did injury occur? On highway 61 near Flat River Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: struck by auto
Nature of injury: .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Elenan Bonnie, coroner
(Address) Flat River Mo

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FEB 28 1938
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MO. STATE BOARD OF HEALTH