

REC'D AUG 9 1928

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

Do not use this space.

1. PLACE OF DEATH

32 County DeKalb.  
Township Sherma n.  
City (No. ) St. Ward

218  
1  
Registration District No. 258  
Primary Registration District No. 5361

25202

File No. \_\_\_\_\_  
Registered No. 7

2. FULL NAME Ida Grace Popplewell.

(a) Residence, No. 8 1/2 Mi. W. Maysville. 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 Female. 4. COLOR OR RACE White. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (specify the word) Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF F. M. Popplewell.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 25, 1867.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	71	2	10	

8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. Housewife.

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) Bluffs, Illinois. (STATE OR COUNTRY)

13. NAME John F. Piper.

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

15. MAIDEN NAME Marian McArthur.

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

17. INFORMANT Dean Popplewell. (ADDRESS) Amity Mo. R. F. D.

18. BURIAL, CREMATION, OR REMOVAL PLACE W. Union Chapel. DATE 7-17 38

19. UNDERTAKER U. G. Pilcher. (ADDRESS) Maysville, Mo.

20. FILED 7/18 1928 Mrs C M Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15 1938

22. I HEREBY CERTIFY, That I attended deceased from July 8<sup>th</sup> 1938 to July 15 1938. I first saw her alive on July 15 1938. Death is said to have occurred on the date stated above, at 11A. m.

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

Cerebral hemorrhage

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 William J. Campione, D.

(Signed) Maysville, Mo. 233 (Address) De Kalb Co.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

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.

