

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

FILED FEB 3 1940

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

Do not use this space.

1. PLACE OF DEATH

County Barry Registration District No. 29
Township _____ Primary Registration District No. 4021
City Cassville (No. 1)

File No. 1553
Registered No. 59
St. _____ Ward _____

2. FULL NAME George Wesley Pope

(a) Residence No. 222 1/2 Broadway Menett Mo. 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 Male 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 Susan Alice Pope

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 14 1874

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>64</u>	<u>3</u>		

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. R.R.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Fairburn Custer
(STATE OR COUNTRY) S. Dak.

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) W. Va.
(STATE OR COUNTRY) W. Va.

15. MAIDEN NAME Quinn

16. BIRTHPLACE (CITY OR TOWN) North Carolina
(STATE OR COUNTRY) North Carolina

17. INFORMANT Record of Burial Co.
(ADDRESS) 700

18. BURIAL, CREMATION, OR REMOVAL PLACE Burial Co. Jan. 14 1939

19. UNDERTAKER Home Life
(ADDRESS) Cassville Mo.

20. FILED 1-26 1940 Scoville Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr. 10 1939, to Apr. 13 1939
I last saw him alive on Apr 13 1939. Death is said to have occurred on the date stated above, at 11 P. m.

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

Apoplexy
42 W
Other contributory causes of importance:
Contracted Hypertension
Date of onset 4/10/39

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) W. M. Scoville M. D.

(Address) Cassville, Mo.

