

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

PLACE OF DEATH
County New Madrid
Township La Font
or
Village _____
or
City _____ (NO. _____ St.; _____ Ward)

Registration District No. 602 File No. 30235
Primary Registration District No. 5798 Registered No. 36

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Eva Mitchell Hopkins

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE Caucasian SINGLE MARRIED WIDOWED OR DIVORCED Single
(If write the word)
DATE OF BIRTH Oct June 17, 1908
(Month) (Day) (Year)
AGE 4 yrs. 3 mos. 8 ds. If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer) F O

BIRTHPLACE
(City or town, State or foreign country) Couran Mo.

PARENTS
NAME OF FATHER Geo Hopkins
BIRTHPLACE OF FATHER Killedman Co. Ill.
(City or town, State or foreign country)
MAIDEN NAME OF MOTHER Rosa Heywood
BIRTHPLACE OF MOTHER Scott Mo.
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Geo H Timberman

(ADDRESS) _____
Filed Sept 27, 1912 W.A. Seely
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct Sept 25, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept 18, 1912, to Sept 25, 1912, that I last saw him alive on Sept 25, 1912, and that death occurred, on the date stated above, at 12:30.
The CAUSE OF DEATH* was as follows:

Malarioid Fever
181 (Duration) yrs. mos. ds.
32 (6)

Contributory Burn of 2nd Degree
(SECONDARY) (Duration) yrs. mos. ds.
(Signed) Geo H Timberman M. D.
(Address) Marston Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.
Where was disease contracted If not at place of death?
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL New Hope DATE OF BURIAL Sept 26, 1912
UNDERTAKER Hebels Supply Co ADDRESS Portageville Mo.

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.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc. of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*;

Whooping cough; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

PLACE OF DEATH
 County New Madrid
 Township La Font
 or
 Village _____
 or
 City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 602 File No. 302365
 Primary Registration District No. 0798 Registered No. 36

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Enos Mitchell Hopkins

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)
 DATE OF BIRTH June 17 1908
(Month) (Day) (Year)
 AGE 4 yrs 3 mos 8 ds. If LESS than 1 day, hrs. or min.

DATE OF DEATH Sept. 25 1912
(Month) (Day) (Year)
 I HEREBY CERTIFY, that I attended deceased from Sept. 18, 1912, to Sept. 25, 1912, that I last saw him alive on Sept. 25, 1912, and that death occurred, on the date stated above, at 12 m.

OCCUPATION (a) Trade, profession, or particular kind of work Infant
 (b) General nature of industry, business, or establishment in which employed (or employer) _____

The CAUSE OF DEATH* was as follows:
malarial fever

BIRTHPLACE (City or town, State or foreign country) Couras, Mo.

NAME OF FATHER Geo. Hopkins

BIRTHPLACE OF FATHER (City or town, State or foreign country) Williamson C. Ill.

MAIDEN NAME OF MOTHER Rosa Hegwood

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Scott, Mo.

(Duration) _____ yrs. _____ mos. _____ ds.
 Contributory Burns of 2nd degree
(SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) Sept. 25 1912 (Address) Marston, Mo. M. D.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Jno. H. Timberman
 (ADDRESS) Marston Mo.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
 At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
 Where was disease contracted if not at place of death?
 Former or usual residence _____

Filed Sept 28 1912 REGISTRAR Washby

PLACE OF BURIAL OR REMOVAL New Hope DATE OF BURIAL Sept. 26 1912
 UNDERTAKER Delisle Supply Co. ADDRESS Portageville Mo.

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

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Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)