

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

24971

PLACE OF DEATH
County Stoddard
Township Stoddard
or New Liberty
Village _____
or _____
City _____ (NO. _____ St. _____ Ward _____)

841
841
6103

Registration District No. _____ File No. _____
Primary Registration District No. _____ Registered No. _____

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

FULL NAME Infant of Thomas & Mauda Hopkins

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OF RACE White SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH 7 17 1914
(Month) (Day) (Year)
AGE _____ IF LESS than 1 day, 4 hrs. or _____ min.?
_____ yrs. _____ mos. _____ ds.

DATE OF DEATH July 14, 1914
(Month) (Day) (Year)
I HEREBY CERTIFY, that I attended deceased from July 14, 1914, to July 14, 1914, that I last saw him alive on July 14, 1914, and that death occurred, on the date stated above, at 8 a.m.

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

The CAUSE OF DEATH* was as follows:
Valvular lesion of heart
1590 (Duration) _____ yrs. _____ mos. _____ ds. 4 hrs

BIRTHPLACE (City or town, State or foreign country) Near Puxie Mo
PARENTS NAME OF FATHER Thomas Hopkins BIRTHPLACE OF FATHER (City or town, State or foreign country) Stoddard Co
MAIDEN NAME OF MOTHER Mauda Turner BIRTHPLACE OF MOTHER (City or town, State or foreign country) Stoddard Co

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) E. P. Elman M. D.
7/14 1914 (Address) Puxie Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. M. Story
(ADDRESS) Puxie 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 _____

Filed Aug _____ 1914 REGISTRAR

PLACE OF BURIAL OR REMOVAL Harper Cemetery DATE OF BURIAL 7/15 1914
ADDRESS Puxie Mo
UNDEFTAKER J. W. Beckman

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, Composer, 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, meninges, 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 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.)

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

PLACE OF DEATH

County

Township

Village

City (NO. (NO. St. Ward)

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

Registration District No.

Primary Registration District No.

File No.

Registered No.

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

FULL NAME

Unnamed (Hopkins)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX M

COLOR OF FACE W

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)

DATE OF DEATH

July 14 1914 (Month) (Day) (Year)

DATE OF BIRTH

7 - 14 1914 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 7-14-1914, to 7-14-1914

that I last saw him alive on 7-14-1914

and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH* was as follows:

Valvular lesion of heart (Duration) 4 hrs. ds.

OCCUPATION (a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (City or town, State or foreign country)

Mo.

NAME OF FATHER

Thomas Hopkins

BIRTHPLACE OF FATHER (City or town, State or foreign country)

Mo.

MAIDEN NAME OF MOTHER

Maude Turner

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

Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

E. M. Story

(ADDRESS)

Pacific Mo.

FILED Sept 25 1914

E. L. Hope REGISTRAR

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

E. L. Elmore M. D. 7/14 1914 (Address) Pacific 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

Harper Cem

DATE OF BURIAL

7/15 1914

UNDERTAKER

J. A. Hickman Pacific Mo.

Revised United States Standard Certificate of Death

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

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