

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

13502

PLACE OF DEATH  
County Jackson  
Township Rain  
or  
Village Rain  
or  
City City Mo. (NO. St. Joseph 22000) (Ward)

Registration District No. 800 File No. \_\_\_\_\_  
Primary Registration District No. 1002 Registered No. 2525

FULL NAME Mrs. Mabel Hopkins

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

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OF RACE White SINGLE MARRIED WIDOWED OR DIVORCED Single  
(# write the word)  
DATE OF BIRTH April 29, 1881  
(Month) (Day) (Year)  
AGE 37  
.....yrs. ....mos. ....ds.  
If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.

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

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

PARENTS  
NAME OF FATHER Henry S Hopkins  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Mass  
MAIDEN NAME OF MOTHER Nathaniel Willis  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Holland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Joseph S. Greer  
(ADDRESS) 3539 Sycamore

Filed APR 30 1918 Chas. Mas REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 29, 1918  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 1, 1916, to Apr 29, 1918,  
that I last saw her alive on Apr 29, 1918,  
and that death occurred; on the date stated above, at 4:30 m.

The CAUSE OF DEATH\* was as follows:  
Myocarditis acuta  
93 A

(Duration) 78 yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Contributory Brain tumor  
(SECONDARY) (Duration) 3 yrs. \_\_\_\_ mos. \_\_\_\_ ds.  
(Signed) M. D. M. D. M. D.  
4/30 1918 (Address) 1707 Reeds Blk

\*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 \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.  
State \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.  
Where was disease contracted if not at place of death? \_\_\_\_\_  
Former or usual residence. \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Wt Washington DATE OF BURIAL May 2, 1918  
UNDERTAKER Geo J Stewart Co ADDRESS 331 West 10th

N. B.—Every item of information should be accurately 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, peritoneum*, 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.)

*W. J. ...*  
*1921*  
*W. J. ...*  
*...*