

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

2395

1. PLACE OF DEATH

County Pennsac
Township Little Prairie
City Little Prairie (No. _____)

Registration District No. 65-1

File No. _____

Primary Registration District No. 5-842

Registered No. 225

St. _____ Ward _____

2. FULL NAME

Louis Hopper

(a) Residence, No. _____ St. _____

(Usual place of abode)

Ward _____

(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)
Single

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

Single

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

July, 18, 1913

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
8	2	18	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child at home
(b) General nature of industry, business, or establishment in which employed (or employer) "
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

Dunklin Co., Mo.

(STATE OR COUNTRY)

10. NAME OF FATHER

L. J. Hopper

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Gibson Co., Penn.

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Mary Davis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Dunklin Co., Mo.

(STATE OR COUNTRY)

14.

INFORMANT (Address)

E. J. Hopper
Camthursville Mo.

15.

FILED

10/14, 1921

R. F. D. #2
BD Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

10/16 1921

17.

I HEREBY CERTIFY, That I attended deceased from 10/5 to 10/5 1921 that I last saw him alive on 10/5/1921 and that death occurred, on the date stated above, at 8 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Peritonitis, cause unknown

CONTRIBUTORY (SECONDARY)

unknown (duration) yrs. mos. 9 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH no

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) G. W. Whippo M. D.

10/7, 1921 (Address) Camthursville Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Camthursville Mo. Oct 7, 1921

20. UNDERTAKER

ADDRESS

Alvin Camthursville 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

