

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

Do not use this space.

29849

1. PLACE OF DEATH

County Clay  
Township Excelsior Springs  
City Excelsior Springs (No. ....)

Registration District No. 198  
Primary Registration District No. 3011

File No. ....  
Registered No. 126  
St. .... Ward)

2. FULL NAME

Mary E. Hopkins

(a) Residence. No. 3110 East Excelsior St. .... Ward.  
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. .... mos. .... ds. How long in U.S., if of foreign birth? yrs. .... mos. .... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Nelson P. Hopkins

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 29, 1843

7. AGE YEARS MONTHS DAYS At LESS than I day, .... hrs. or .... min.  
84 3 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN); (STATE OR COUNTRY) Janesville, Ohio

PARENTS

10. NAME OF FATHER Gabriel Evans

11. BIRTHPLACE OF FATHER (CITY OR TOWN); (STATE OR COUNTRY) Pa.

12. MAIDEN NAME OF MOTHER Mary McEldan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN); (STATE OR COUNTRY) Pa.

14. INFORMANT Miss May Hopkins  
(Address) Excelsior Springs Mo

15. FILED 10/27, 19. 27 Y.H. Crouner REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2 16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/27 19. 27

17. I HEREBY CERTIFY That I attended deceased from 10/22, 19. 27, to 10/27, 19. 27 (that I last saw her alive on 10/27, 19. 27, and that death occurred, on the date stated above, at 12:30 p.m.)

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
11A Bronchial Pneumonia  
1076

CONTRIBUTORY (SECONDARY) Influenza (duration) yrs. .... mos. 4 ds.  
11A (duration) yrs. .... mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED at place of death  
IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) H. J. Clark M. D.  
, 19 (Address) Excelsior Springs Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Westboro Mo DATE OF BURIAL Oct 31 1927

20. URBERTAKER John C Prather ADDRESS Excelsior

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. 1927

REASON should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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