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

Do not use this space.
16130

1. PLACE OF DEATH
County Boone — Registration District No. 73 — File No. 83
Township — Primary Registration District No. 3006 — Registered No. X
City Columbia (No. ... St. ... Ward)

2. FULL NAME Clifton Thomas Hopper
(a) Residence. No. 405 Banks Ave Ward.
(Usual place of abode) (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): Widowed

5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OF~~ (OR) ~~WIFE OF~~ Mary Ann Hopper

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 16 1848

7. AGE — YEARS: 79 — MONTHS: 4 — DAYS: 15 — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Farmer
(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): Boone Co

PARENTS
10. NAME OF FATHER: Owen Hopper
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Dont know
12. MAIDEN NAME OF MOTHER: Mary Ann Berry
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Boone Co.

14. INFORMANT (Address): R F Hopper

15. FILED May 1, 1928 Beatrice Grubbs REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) May 1st 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 24th, 1928, to May 1st, 1928 that I last saw him alive on May 1st, 1928, and that death occurred, on the date stated above, at 6 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Nephritis (Brights Disease)
Uraemic Poisoning
132 A
132 B
16 ...
(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY): Senility
(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Lloyd Simpson, M. D
5-2-, 1928 (Address) Columbia Mo

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*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Columbia Cemetary — DATE OF BURIAL: May 2nd 1928

20. UNDERTAKER: R O Willett — ADDRESS: 209 N Broadway Columbia 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.