

22 1928

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

Do not use this space.

23207

1. PLACE OF DEATH

County Cape Girardeau
Township Whitewater
City Miller (No. _____)

Registration District No. 124
Primary Registration District No. 5183

File No. _____
Registered No. 41
St. _____ Ward)

2. FULL NAME

Giffard Wilson Hopkins

(a) Residence. No. _____ St. _____ Ward. _____
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m. 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 _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 24 - 1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
22 4 0

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Miller
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Joel T. Hopkins

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ballingin Co Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Sarah Barker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ballingin Co Mo
(STATE OR COUNTRY)

14. INFORMANT Earlie Kennells
(Address) Miller Mo

15. FILED 7-26-28 D. G. Seiber
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 24 - 1928

17. I HEREBY CERTIFY That I attended deceased from call after he was dead 1928 that I last saw him alive on _____, 1928, and that death occurred, on the date stated above, at _____.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

suicidal
Shot himself in the mouth
with shot-gun
167 (duration) yrs. mos. da.

CONTRIBUTORY None
(SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) D. G. Seiber, M. D.
7-26, 1928 (Address) Jackson 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Fairview Cemetery DATE OF BURIAL 7-26 1928

20. UNDERTAKER Crookston Miller ADDRESS Jackson 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.

