

CT 26 1928
 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.

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

Do not use this space.

24235-2

1. PLACE OF DEATH

County Jefferson
 Township North
 City (No.)

Registration District No. 470
 Primary Registration District No. 5574

File No.
 Registered No.
 St. Ward)

2. FULL NAME Ressie Hopkins

(a) Residence. No. St. 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 F 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. M. Hopkins
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 13, 1853
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 73 1 28

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housekeeper 191
 (b) General nature of industry, business, or establishment in which employed (or employer)

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

10. NAME OF FATHER John Baldwin

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

12. MAIDEN NAME OF MOTHER Eizabeth Evans

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

14. INFORMANT Elmer Hopkins
 (Address) West 4th St

15. FILED July 28, 1928
D. L. Daughy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 8 28
 17. I HEREBY CERTIFY, That I attended deceased from July 7 1928 to July 8 1928
 that I last saw him alive on July 7 1928, and that death occurred, on the date stated above, at 8 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Heart dilatation (con-stricta)
191 (duration) 12 hrs yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED None
 IF NOT AT PLACE OF DEATH,

19. DID AN OPERATION PRECEDE DEATH? No DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? None
 (Signed) W. N. Farrow M. D.
8/28 1928 (Address) Do. St. 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 mt. Calvary DATE OF BURIAL July 10 28

20. UNDERTAKER C. Barnhart ADDRESS West 4th St

PHYSICIAN'S REPORT
PATIENT

STATE EXACTLY
of

of

DATE



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Jefferson Registration District No. 420 File No.
 Township Waller Primary Registration District No. 2374 Registered No. 86
 City (No.) St. Ward)

2. FULL NAME Rosie Hopkins

(a) Residence. No. St. 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED W
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13, 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 1 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work (duration) yrs. mos. ds.
 (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)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14.

INFORMANT (Address)

15.

FILED 11/37 1928 Ed Rungley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 8 - 1928

17. I HEREBY CERTIFY, That I attended deceased from to
 that alive on 19....., and that death occurred on the date stated above, at.....

THE CAUSE OF DEATH* WAS AS FOLLOWS:

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

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)....., M. D.

, 19 (Address)

*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

DATE OF BURIAL

19

20. UNDERTAKER

ADDRESS

RECEIVED A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW
 PHYSICIANS SHOULD BE STATED EXACTLY. AGE SHOULD BE STATED EXACTLY. AGE SHOULD BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.
 RECEIVED

SUPPLEMENTARY

S-24235-a