CT 30 1928

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

Do not use this space.

30932

1. PLACE OF DEATH
County: LACLEDE
Township: LEBANON
City: ..... (No. ..... St. ..... Ward)

Registration District No.: 649
Primary Registration District No.: 5609

File No. .....
Registered No.: 1495

2. FULL NAME: NANNIE 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): Married

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

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

7. AGE: Years: about 60 | Months: | Days: | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(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): Unknown

PARENTS

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: Jas. Peacock
(Address): Lebanon Mo.

15. FILED: 9/15 1928 J. M. Bellamy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 23 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1928, to Sept 19, 1928 that I last saw he ex alive on Sept 14, 1928, and that death occurred, on the date stated above, at 12-10 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gastro Enterritis
1208 114 B
(duration) ..... yrs. 21 mos. ..... ds.

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

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

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

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Course

(Signed) G H Hundgomer, M. D

, 19 (Address) Lebanon 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: Bolo Cemetery — DATE OF BURIAL: 9-25 1928

20. UNDERTAKER: Bohner — ADDRESS: Lebanon

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.