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

Do not use this space.

36587

1. PLACE OF DEATH
County Gentry — Registration District No. 309 — File No.
Township Athens — Primary Registration District No. ~~Athens~~ 5427 — Registered No. 55
City A (No. St. Ward)

2. FULL NAME Ezra Hopkins
(a) Residence. No. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 12-1895

7. AGE: 32 YEARS, 10 MONTHS, 22 DAYS. If LESS than 1 day, ... hrs. or ..... min.

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): 1
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gentry County

PARENTS
10. NAME OF FATHER: J. M. Hopkins
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Gentry Co.
12. MAIDEN NAME OF MOTHER: Marnevia Leberge
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Gentry Co.

14. INFORMANT: Mrs. Edith Hopkins
(Address) Albany Mo.

15. Nov. 10, 1928 W. T. Martin, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

D 1

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 3 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1928, to Nov 3, 1928, that I last saw him alive on Nov 3, 1928, and that death occurred, on the date stated above, at 11 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Sodium Fluoride
Poisoning
Taken by mistake for salts. (duration) 3 hr yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. N. Barger, M. D.
11/11, 1928 (Address) Albany 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: Brick Church — DATE OF BURIAL: Nov. 6. 1928

20. UNDERTAKER: A. T. Bare — ADDRESS: Albany.

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.

FEB 19 1945