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

Do not use this space. 712

1. PLACE OF DEATH
County: Clay Co
Township: Liberty
City: (No. ..... St. ..... Ward)
Registration District No. 207
Primary Registration District No. 5280
File No.
Registered No. 7

2. FULL NAME W. F. 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: 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): Sept 17 - 1863
7. AGE: Years 65 Months 4 Days 8 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: R.R. Engineer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Nashville
(STATE OR COUNTRY) Tenn.

PARENTS
10. NAME OF FATHER J. W. Hopkins
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Virginia
12. MAIDEN NAME OF MOTHER Lucy Edwards
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Tenn.

14. INFORMANT C. G. Rodgers
(Address) Liberty Mo.
15. FILED 1/29/29 Guy H. Goodson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 25 1929
17. I HEREBY CERTIFY, That I attended deceased from 4 a.m. Jan 25, 1929, to Jan 25, 1929 that I last saw him alive on Jan 24, 1929 and that death occurred, on the date stated above, at 4 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchopneumonia
109A
106B (duration) yrs. mos. 4 ds.
CONTRIBUTORY (SECONDARY) Chronic Bronchitis
(duration) 10 yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED 109A
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS
(Signed) J. H. Matthews, M. D.
Jan. 25, 1929 (Address) Liberty 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 Liberty Mo
DATE OF BURIAL 1-26 1929
20. UNDERTAKER Church - Archer
ADDRESS Liberty

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1929 24 0 0 116 2 2 2 2