

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.

1449

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 1002

Primary Registration District No. 1002

File No. 30

Registered No. 30

St. St. Mary's Ward St. Mary's

2. FULL NAME

(a) Residence. No. 1002 St. 1002
(Usual place of abode)

Ward. 1002

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 10 mos. 16 ds.

How long in U.S., if of foreign birth? yrs. 10 mos. 16 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

wh

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

widow

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

Frank Hopper

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

Jan 1, 1865

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. 2 min. 2

64

0

2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired motion picture

(b) General nature of industry, business, or establishment in which employed (or employer)

U. P. R. R.

(c) Name of employer

at Topeka

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

New York

10. NAME OF FATHER

Mrs. Hagaborn

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

New York

12. MAIDEN NAME OF MOTHER

Margaret Faver

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

New York

14.

INFORMANT
(Address)

F. R. Hopper
629 W. 61st Terrace

15.

FILED

1/4, 29 M. M. Grove
Registrar

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR)

Jan. 3 19 29

17.

I HEREBY CERTIFY That I attended deceased from 1-3-29 to 1-3-29

that I last saw him alive on 1-3-29, and that death occurred, on the date stated above, at 1-3-29 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of 11 Dorsal Vertebra

18.

WHEREAS DISEASE CONTRACTED (duration) yrs. 14 mos. 14 ds.

CONTRIBUTORS (SECONDARY)

Grind (duration) yrs. 12 mos. 12 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? Yes

WAS THERE AN AUTO?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

M. J. Owens M.D.

*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

Forest Hill Jan 5 19 29

20. UNDERTAKER

ADDRESS

St. Newcome's Sons K. C. Mo.

817 10/2/20 21 0

10/2/20

20/2