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

Do not use this space.

1855

File No. 448

Registered No. 1002

1. PLACE OF DEATH

County Jackson Registration District No. 99

Township Kaw Primary Registration District No.

City Kansas City (No. 422 Roone St. Ward)

2. FULL NAME Cyrus James Hopkins

(a) Residence. No. 422 Roone St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 2, 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	6	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Grading Contractor
(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) Conn.

PARENTS

10. NAME OF FATHER John A. Hopkins

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Conn.

12. MAIDEN NAME OF MOTHER Mary Ann Clemons

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Conn.

14. INFORMANT Cyrus L. Hopkins
(Address) 422 Roone St.

15. FILED 1-29 1929 M. M. Crow Asst. REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 27, 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1929, to Jan 27, 1929, that I last saw him alive on Jan 27 50, 1929, and that death occurred, on the date stated above, at 1 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes Mellitus
59
3 mo (duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Acute myocarditis
(duration) yrs. mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Local Home
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? physical findings
(Signed) J. W. Gladebeck, M. D.
1/28, 1929 (Address) 3605 ½ Broadway, KC 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: Forest Hill DATE OF BURIAL: 1/30/29

20. UNDERTAKER: E. V. Lindsey & Sons Inc. ADDRESS: K.C. Mo.

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.

108