

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

Do not use this space.

9777

1. PLACE OF DEATH

County Caldwell Registration District No. 7608 File No. _____
 Township _____ Primary Registration District No. _____ Registered No. 8
 City Hamilton (No. _____) St. _____ (Ward _____)

2. FULL NAME

Linnus D. Hopson
 (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 male 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 Jan 5, 1875

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>24</u>	<u>2</u>	<u>10</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Cultural farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Breckenridge Missouri
 (STATE OR COUNTRY)

10. NAME OF FATHER George Hopson

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

12. MAIDEN NAME OF MOTHER Julia Shaw
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Sherburn
 (STATE OR COUNTRY) New York

14. INFORMANT J. W. Gaultier
 (Address) Bristow

15. FILED Mar 16 1929 Smiley Brown REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 15 1929

17. I HEREBY CERTIFY that I attended deceased from Nov. 21, 1928, to Mar. 15, 1929 that I last saw h. alive on Mar. 14, 1929, and that death occurred, on the date stated above, at 2:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis 131
95C

CONTRIBUTORY Chronic Interstitial Nephritis (SECONDARY) (duration) 1 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED 1290
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) J.M. Daley, M. D.
16, 1929 (Address) Hamilton, 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 Highland Cemetery DATE OF BURIAL Mar 17 1929

20. UNDERTAKER John H. ... ADDRESS Hamilton 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.

