

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

Do not use this space.

**1. PLACE OF DEATH**

County.....

Registration District No. ....

791

1003

42917

File No. ....

Registered No. ....

12715

St. ....

Ward) .....

Township.....

Primary Registration District No. ....

City.....

(No. ....)

**2. FULL NAME**

(a) Residence. No. ....

(Usual place of abode)

1374<sup>1/2</sup> Charles Hopkins  
Municipal Lodging House 25 Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

7<sup>1/2</sup> yrs.

mos.

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 single

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

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

Aug 13 - 1858

7. AGE

YEARS

MONTHS

DAYS

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

71 4 1

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

miner coal

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

(STATE OR COUNTRY)

Charles Hopkins Virginia

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Virginia Mary Lammock  
Delaware

14.

INFORMANT

(Address)

Charles Hopkins  
City Hospital

15.

DEC 30 1929  
FILED 1929

May Charles  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

Dec 14 1929

17.

I HEREBY CERTIFY That I attended deceased from Dec 4 1929, to Dec 14 1929, that I last saw him alive on Dec 14 1929, and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pneumococci in Tubercular  
Chronic Myocarditis &  
General arterio sclerosis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

1929

(Address)

\*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

20. UNDERTAKER

ADDRESS

W. G. Richter 2500 Kutz  
12/28 1929

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.

Hopkins