

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

Do not use this space.

9299

1. PLACE OF DEATH

County Wrayette
Township Washington
City Washington (No.)

Registration District No. 461
Primary Registration District No. 3024

File No. 23
Registered No.
St. Ward)

2. FULL NAME

Edward Newton Hopkins
(a) Residence. No. St. Ward.

(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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Margaret Hyde Hopkins

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 24-1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 8 11

8. OCCUPATION OF DECEASED Banker
(a) Trade, profession, or particular kind of work.
(b) General nature of industry, business, or establishment in which employed (or employer) Pres. Traders Bank
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby Co Ky.

10. NAME OF FATHER John W. Hopkins

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Shelby Co Ky

12. MAIDEN NAME OF MOTHER Ann Bright

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Shelby Co Ky

14. INFORMANT (Address) Mrs. E. N. Hopkins

15. FILE NO. Mar 6 1930 J. W. Breuninger REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 5 1930

17. I HEREBY CERTIFY, That I attended deceased on Jan 30, 1930, to Mar 5, 1930. that I last saw him alive on Mar 5, 1930, and that death occurred, on the date stated above, at 3:15 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
myocarditis

CONTRIBUTORY (SECONDARY) 90% (duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 90%

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) A. J. Chalkley, M. D.

Mar 6, 1930 (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

Lexington Mo Mar 7 1930

20. UNDERTAKER ADDRESS

Ernest Regert Lexington

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.

APR 30 1930

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