

**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**
 Township Primary Registration District No. **1003**
 City **St. Louis** (No. **Mo Baptiste Hosp** St. **31514** Ward) Registered No. **8126**

2. FULL NAME

(a) Residence, No. St. **12** Ward. **Cyrene, Mo**
 (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 foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 **MEDICAL CERTIFICATE OF DEATH**

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Sept 21, 1930**

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

17. I HEREBY CERTIFY, That I attended deceased from **Aug 19, 1930**, to **Sept 21, 1930** that I last saw him alive on **Sept 21, 1930**, and that death occurred, on the date stated above, at **9:50 A. M.**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Nov. 7, 1858**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 **10** **14**

Chronic diffuse Nephritis

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

CONTRIBUTORY (SECONDARY) **Seminalisim of Bladder** (duration) **2** yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo**

18. WHERE WAS DISEASE CONTRACTED? **Cyrene Mo**

IF NOT AT PLACE OF DEATH **Cyrene Mo**
 DID AN OPERATION PRECEDE DEATH? **yes** DATE OF **Sept 1 1930**

10. NAME OF FATHER **Randall Hopkin**

WAS THERE AN AUTOPSY? **no**

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

WHAT TEST CONFIRMED DIAGNOSIS? **Cystoscopic Exam.**
 (Signed) **Clifford** M. D.

12. MAIDEN NAME OF MOTHER **Unknown**

Sept 21, 1930 (Address) **958 Arcade Bldg.**

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

14. INFORMANT (Address) **Lilly Hopkins**
Cyrene, Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Cyrene, Mo** DATE OF BURIAL **Sept 21 1930**

15. FILED **22** **W. C. Jarboff** REGISTRAR

20. UNDERTAKER **Drehmann & Hanel** ADDRESS **1905 Union**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every word of information should be carefully supplied. AGE should be stated EXACTLY. FIFTY-DOLLAR BONUS.

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