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

Do not use this space.

Dr Musick

940

1. PLACE OF DEATH

County Greene — Registration District No. 318

Township — Primary Registration District No. 2001

City Springfield, Mo. (No. 621 Circle Drive St. Ward)

File No.

Registered No. 51

2. FULL NAME Stanley Wendt Hopkins

(a) Residence. No. 621 Circle Drive 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)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 6-1930

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	6	11	

8. OCCUPATION OF DECEASED

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

(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): Springfield Mo

PARENTS

10. NAME OF FATHER: Henry M. Hopkins

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

12. MAIDEN NAME OF MOTHER: Bessie Wendt

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Seymour Mo.

14. INFORMANT: Mrs. Henry M. Hopkins
(Address) Springfield Mo.

15. FILED 1-17, 1931 Ron Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 17, 1931

17. I HEREBY CERTIFY, That I attended deceased from 1, 13, 1931, to 1, 17, 1931, 19..., that I last saw him alive on 1, 16, 1931, and that death occurred, on the date stated above, at 5 30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchitis + Broncho Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 10 7a

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical

(Signed) J D Musick, M. D

1, 17, 1931 (Address) Springfield, 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: Hazelwood

DATE OF BURIAL: Jan. 18 1931

20. UNDERTAKER: Alma Lohmeyer Funeral Home

ADDRESS: 534 St Louis

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD