

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

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.

STATE BOARD OF HEALTH  
BUREAU OF STATISTICS  
CERTIFICATE OF DEATH

1. PLACE OF DEATH

County St. Francois  
Township "  
City " (No. ....)

Registration District No. 773  
Primary Registration District No. 6018A

File No. 6798  
Registered No. 22  
St. .... Ward

2. FULL NAME

(a) Residence. No. .... St., .... Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

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 Florence Conroy

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 22, 1876

7. AGE YEARS 54 MONTHS 1 DAYS 14 IF LESS than 1 day, .... hrs. or .... min.

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

9. BIRTHPLACE (CITY OR TOWN) St. Francois Co Mo (STATE OR COUNTRY)

10. NAME OF FATHER Edie Hopkins

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Jamesway lauded (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mason

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Francois Co Mo (STATE OR COUNTRY)

14. INFORMANT Mrs James W. Hopkins (Address) R. 6 Farmington, Mo

15. FILED 2-11-31 B. J. Robinson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 10 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1931, to Feb 9, 1931, that I last saw h. alive on Feb 9, 1931, and that death occurred, on the date stated above, at 4:05 p m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

195 Cerebral Apoplexy  
82-A  
102 (duration) 77 yrs. 10 da.  
CONTRIBUTORY chronic interstitial nephritis  
(SECONDARY) with a hypertension (duration) 3 yrs. 1 mo. 10 da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 131

19. DID AN OPERATION PRECEDE DEATH? DATE OF ... 1

20. WAS THERE AN AUTOPSY? 1

WHAT TEST COMPLETED BY DIAGNOSIS? 1

(Signed) Dr. L. Watkins M. D.

2-11-31 (Address) Farmington, 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 R of P Cemetery DATE OF BURIAL Feb 11 1931

20. URDERTAKER Meadert Wood Co ADDRESS Fpton, Mo

21 2 10  
26 12 26  
22 1-11