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

Do not use this space.

File No. 8765
Registered No. 54

1. PLACE OF DEATH
County Boone
Township
City Columbia (No. , St. Ward)
Registration District No. 73
Primary Registration District No. 3006

2. FULL NAME Bingham Lee Hopper
(a) Residence. No. 1603 North 6th St., 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.

APR 21 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 9 1911
7. AGE YEARS 19 MONTHS 11 DAYS 28 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Plumbing
(b) General nature of industry, business, or establishment in which employed (or employer) 73
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Columbia
(STATE OR COUNTRY) Mo
PARENTS
10. NAME OF FATHER James H Hopper
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Columbia
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Mary M Nutt
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Fayette
(STATE OR COUNTRY) Mo
14. INFORMANT Mrs Sam A. Reed
(Address) 813 W. Ash St
15. FILED 3/9/1931 F. C. Suggett REGISTRAR by Selby

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 7 1931
17. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1931 to March 7, 1931 that I last saw him alive on Mch 7, 1931 and that death occurred, on the date stated above, at 1:42 P m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
both lungs
10 (duration) yrs. mos. 8 ds.
CONTRIBUTORY (SECONDARY) 108 (duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Stephen D Smith, M. D.
, 19 (Address) Columbia 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 Memorial Park Cemetery
DATE OF BURIAL Mar 10 31
20. UNDERTAKER B. F. Baker
ADDRESS Columbia

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