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

Do not use this space.

41008

1. PLACE OF DEATH
County Jackson — Registration District No. [illegible]
Township Raw — Primary Registration District No. [illegible]
City Kansas City (No. 47 West 74th St. Ward)

File No.
Registered No. 4006

2. FULL NAME Mrs. Margaret Murphy Hopkins
(a) Residence, No. 344 North Drury St. 10 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred About 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
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 James W. Hopkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10 1862

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
69	9	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Atchison (STATE OR COUNTRY) Kansas

FATHER
13. NAME Patrick Donahue
14. BIRTHPLACE (CITY OR TOWN) Dublin (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Caroline Thompson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT James W. Hopkins (ADDRESS) 47 West 74th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Washington DATE December 19, 1931

19. UNDERTAKER D. W. Newcomer's Sons (ADDRESS) 2111 East 9th St.

20. FILED 12-17 1931 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 17, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 13, 1931, to Dec 17, 1931
I last saw her alive on Dec 17, 1931. Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Colon — Date of onset Nov 2 1930

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Other contributory causes of importance: ✓

Name of operation None Date of
What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) C. H. Brown, M. D.
(Address) 536 Central Ave. Ex. K. City Ks

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2.

Dr. C. H. Brown
536 Central - K. C. Kans.
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