

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

Do not use this space.

8275

1. PLACE OF DEATH

48-
9
8
County Jackson Registration District No. 398
Township Blue Primary Registration District No. 3.019
City Independence Mo.

File No. _____
Registered No. 118
St. _____ Ward _____

2. FULL NAME

George P Hopkins
(a) Residence No. 501 W. 20th Ave. Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 2 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|----------------------------------|---|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Maud Hopkins</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 6 - 1891</u> | | |
| 7. AGE YEARS <u>41</u> | MONTHS <u>1</u> | DAYS <u>23</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u> | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farm</u> | | |
| 10. Date deceased last worked at this occupation (month and year) <u>Dec. 1931</u> | | 11. Total time (years) spent in this occupation <u>3 mo</u> |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New Blue Springs Mo</u> | | |
| 13. NAME <u>James A. Hopkins</u> | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Blue Springs Mo</u> | | |
| 15. MAIDEN NAME <u>Leellia Severs</u> | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Blue Springs Mo</u> | | |
| 17. INFORMANT (ADDRESS) <u>Mrs. Leellia Morris</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL <u>Mountain Grove</u> DATE <u>3-31-32</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>C. P. Carson & Son</u> | | |
| 20. FILED <u>Mar. 3 1932</u> <u>J. P. Carson</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

2
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 29 1932

I HEREBY CERTIFY That I attended deceased from Mar 22nd 1932 to March 29 1932

I last saw him alive on March 29 1932 Death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:
Labor Pneumonia Date of onset 3/29/32

Other contributory causes of importance:
Pulm. T. B.

Name of operation None Date of _____
What test confirmed diagnosis Clinical 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) Chas. Reardon M. D.
(Address) Independence Mo.

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.

APR 27 1932

