

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

Do not use this space.

13328

1. PLACE OF DEATH

County Montgomery
Township _____
City Montgomery (No. _____)

Registration District No. 592
Primary Registration District No. 4357

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

2. FULL NAME Mrs Mary E. Hopkins

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred Life yrs. mos. ds. (If nonresident, give city or town and State)
How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Robert W. Hopkins</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3/18/1858</u>		
7. AGE	YEARS <u>74</u>	MONTHS _____
	DAYS <u>24</u>	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Keeper</u>
	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) Near Montgomery /
(STATE OR COUNTRY) Missouri

FATHER 13. NAME William T. Worland

FATHER 14. BIRTHPLACE (CITY OR TOWN) Montgomery County
(STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Cornelia Logan

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Montgomery County
(STATE OR COUNTRY) Missouri

17. INFORMANT Mrs Lee C. Pemberton
(ADDRESS) St. Louis Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Montgomery DATE 4/18/32 19

19. UNDERTAKER C. W. Hopkins
(ADDRESS) Montgomery City Mo

20. FILED 5-10 1932 D. J. Beuller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1932, to April 12, 1932
I last saw h. alive on April 11, 1932 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage -
Arterio Sclerosis. Date of onset _____

Other contributory causes of importance: None

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? None Date of injury None, 1932
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify _____
(Signed) David Nowlin, M. D.
(Address) Montgomery City, Mo.

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.

MAY 26 1932

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