

22657-7

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

Do not use this space.

1. PLACE OF DEATH

46 County Hawell
Township Spring Creek
City (No.) St. Ward)

Registration District No. 384Primary Registration District No. 5539File No. 5-6

Registered No.

2. FULL NAME

(a) Residence, No. West Plains St. Mo. 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.

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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George Hopkins</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1867</u>		
7. AGE	YEARS	MONTHS
		DAYS
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	10. Date deceased last worked at this occupation (month and year).....	
	11. Total time (years) spent in this occupation <u>1</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mt. View</u>		
FATHER	13. NAME <u>J. M. Lively</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>	
MOTHER	15. MAIDEN NAME <u>Anna Goss</u>	
	15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>	
17. INFORMANT (ADDRESS) <u>Dr. Lammert</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Liberty</u> DATE <u>July 5, 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Geo. Lewis Hopkins</u>		
20. FILED <u>7-5-37</u> 1937 <u>O. A. Hinch</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>July 4, 1937</u>	19 <u>37</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>June 16, 1937</u> to <u>July 4, 1937</u>	
I last saw her alive on <u>June 16, 1937</u> Death is said to have occurred on the date stated above, at <u>7:00</u> m.	
The principal cause of death and related causes of importance were as follows: <u>Barroic Intestinal</u> <u>131 Nephritis</u>	
Other contributory causes of importance: <u>131</u>	
Name of operation <u>none</u> Date of <u>1937</u>	
What test confirmed diagnosis?..... Was there an autopsy? <u>no</u>	
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. <u>no</u>	
Manner of injury..... Nature of injury.....	
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify..... (Signed) <u>O. A. Hinch</u> M. D. (Address) <u>West Plains, Mo.</u>	

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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.

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