

Diid aug 5 1932

Dr. Elliott

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

Do not use this space.

25416

85

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No. 100E

City St. Joseph, Mo. (No. 109 So. 14)

File No.....

Registered No. 761

St. Ward)

2. FULL NAME

(a) Residence, No. 109 So 14 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Mrs A. Hopkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 22 1865

7. AGE YEARS 66 MONTHS 7 DAYS 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 86

10. Date deceased last worked at this occupation (month and year) Eight years 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fort Madison Iowa

13. NAME Raleb Hopkins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fort Madison Iowa

15. MAIDEN NAME Olive Farrell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wells Iowa

17. INFORMANT Mrs Joseph Pinner (ADDRESS) St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Manitowish Mo. DATE Aug 5 1932

19. UNDERTAKER Campbell Funeral Home (ADDRESS) Manitowish Mo.

20. FILED AUG 5 1932 Frank Bender Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 5 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug - 3 1932 to Aug 5 1932

I last saw him alive on August 3 1932 Death is said to have occurred on the date stated above, at 10 A m.

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

Carcinoma, Prostatic Date of onset 1930

516 570

Other contributory causes of importance:

8 Name of operation..... Date of.....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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) J. P. Elliott M. D.

(Address) 824 Edmund, St. Joseph, 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.

SEP 21 1932

