

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

Do not use this space.

32831

File No. \_\_\_\_\_  
Registered No. 131  
St. \_\_\_\_\_ Ward)

**1. PLACE OF DEATH**

59 County Livingston Registration District No. 508  
Township \_\_\_\_\_ Primary Registration District No. 2026  
City Chillicothe (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

**2. FULL NAME** Clara C. Hopling

(a) Residence. No. 809 - 2nd St., 2 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**

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**

John E. Hopling

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

May 12 - 1872

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

60 - 5 - 15 -

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

235

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

Carlton, Mich.

**10. NAME OF FATHER**

Joseph Discher

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Germany

**12. MAIDEN NAME OF MOTHER**

Mary Cottner

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Germany

**14. INFORMANT**

(Address)

John E. Hopling  
Chillicothe, Mo.

**15. FILED**

10/29, 1932

G. Barney  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

Oct. 27 - 1932

**17.**

I HEREBY CERTIFY, That I attended deceased from Oct. 22, 1932 to Oct 27, 1932

that I last saw her alive on Oct 27, 1932 and that death occurred, on the date stated above, at 10:30 a. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Heart decompensation  
108  
93  
953

(duration) \_\_\_\_\_ yrs. mos. / 10 ds.

**CONTRIBUTORY (SECONDARY)** chronic myocarditis &

lobar pneumonia (duration) \_\_\_\_\_ yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) R. J. Berryman M. D.

10/29, 1932 (Address) Chillicothe, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

DATE OF BURIAL

Catholic, Cem. Oct. 29, 1932

**20. UNDERTAKER**

ADDRESS

James D. Gordon  
Chillicothe, Mo.

NOV 25 1932

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.

