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.

JAN 7 1933

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

Do not use this space.

35004

1. PLACE OF DEATH
County Cape Co — Registration District No. 129 — File No.
Township Shawnee — Primary Registration District No. 5180 — Registered No. 36
City ~~Neely Landing~~ (No. ..... St. ..... Ward)

2. FULL NAME Octavia Hopkins

(a) Residence. No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: F.
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Nick Hopkins

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

7. AGE: About 48 YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): 2350
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Grand Tower Ill

PARENTS
10. NAME OF FATHER: William Hill
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Grand Tower Ill
12. MAIDEN NAME OF MOTHER: Sallie Hill
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Grand Tower Ill

14. INFORMANT: Nick Hopkins
(Address) Grand Tower

15. FILED 11-22-1932 Fr. J. Schoen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 20 - 1932

17. I HEREBY CERTIFY, That ~~I attended deceased from~~ Death Occured before any Doctor, to Could reach her ~~that I last saw~~ ~~she~~ was stricken, 19..., and that death occurred, on the date stated above, at 4-30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardio-renal complications apparent Carcinoma of Stomach.

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Coronary Inquiste

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? 4613 (1)
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No. DATE OF ~~Nov 20 th~~
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? No Coroner Inquest

(Signed) Neil Johnstone M. D.
11-20-1932 (Address) Jackson, 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: Neely Landing — DATE OF BURIAL: 11-22 1932

20. UNDERTAKER: Crane of Hamilton — ADDRESS: Jackson, Mo