

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.

APR 20 1933

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

Do not use this space.

27714

1. PLACE OF DEATH

County..... Registration District No. *701*  
Township..... Primary Registration District No. *103*  
City..... (No. *City Hospital #2*)

File No.....  
Registered No. *7809*  
St. .... Ward)

2. FULL NAME

*James Hopkins*  
(a) Residence, No. *2411 W. 21st St.*, *21* Ward. (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 <i>Male</i>	4. COLOR OR RACE <i>Cal</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>abt 1863</i>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
<i>abt 70</i>	<i>0</i>	<i>0</i>	<i>0</i>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Laber</i>			
	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) (STATE OR COUNTRY) <i>Jefferson City Mo</i>				
FATHER	13. NAME <i>Wm Hopkins</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>unknown</i>			
MOTHER	15. MAIDEN NAME <i>unknown</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>unknown</i>			
17. INFORMANT <i>Gracie Hopkins</i> (ADDRESS) <i>2723 21st St</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Father Dickson</i> DATE <i>9-9</i> 19 <i>33</i>				
19. UNDERTAKER <i>A. F. Walton</i> (ADDRESS) <i>2709 S. 21st St</i>				
20. FILED <i>J. F. Bredeck</i> CL <i>1003</i> 19 <i>33</i> Registrar.				

MEDICAL CERTIFICATE OF DEATH

*No physician in attendance*  
21. DATE OF DEATH (MONTH, DAY, AND YEAR) *8-29*, 19*33*

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at *11:20 P.M.*

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

*Chronic Myocarditis*  
*95c*

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? *No*

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.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify *Frank P. Furlong*  
(Signed) *Lochner*  
(Address).....

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