

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

Do not use this space.

40642

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1. PLACE OF DEATH

County Lincoln
Township Waverly
City St. Joseph No. _____ St. _____ Ward _____

Registration District No. 495
Primary Registration District No. 5659

File No. _____
Registered No. 8

2. FULL NAME

(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

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>John Hopkins</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 6 1854</u>		
7. AGE	YEARS <u>79</u>	MONTHS <u>-</u>
	DAYS <u>24</u>	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.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 31 1933

22. I HEREBY CERTIFY That I attended deceased from December 20 1933, to Dec 31 1933, 1933

I last saw her alive on Dec. 31 1933. Death is said to have occurred on the date stated above, at 6 A. m.

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

Lobar Pneumonia

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Other contributory causes of importance _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER FATHER

13. NAME William G. Estes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville, Kentucky

15. MAIDEN NAME Margaret E. Parks

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Midwood, Lincoln County

17. INFORMANT Mrs. C. Has. Huff
(ADDRESS) St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Paul's Cemetery, St. Joseph, Mo.

19. UNDERTAKER W. P. Vanhook
(ADDRESS) St. Joseph, Mo.

20. FILED Dec. 31 1933 M. B. Motley
Registrar.

Name of operation none Date of _____

What test confirmed diagnosis? Clinical 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 _____
(Signed) O. H. Johnson M. D.
(Address) St. Joseph, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION (if very important).

AN 26 1934

