

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

Do not use this space.

41709

791

JAN 26 1934

PLACE OF DEATH
 County..... Registration District No. **791**
 Township..... Primary Registration District No. **101ST**
 City **St Louis** (No. **City Hospital**) St. _____ Ward) _____
 2. FULL NAME **Nellie Gopham**
 (a) Residence, No. **2924 Chateau 18** Ward. _____
 (Usual place of abode) _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred **82** yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M** 4. COLOR OR RACE **W.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 4 - 1859**
 7. AGE YEARS **74** MONTHS **9** DAYS **28** If LESS than 1 day, hrs. or min.
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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) **St Louis Mo.**
 FATHER
 13. NAME **Patrick Hobbins**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**
 MOTHER
 15. MAIDEN NAME **Mary Moten**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**
 17. INFORMANT **Wm J. Probst**
 (ADDRESS) **City Hospital**
 18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cemetery** DATE **Dec 15 1933**
 19. UNDERTAKER **E. J. Schmur**
 (ADDRESS) **312 1/2 Lafayette Ave**
 20. FILED **REG 14 1933**
J. H. Brebeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 12 1933**
 22. I HEREBY CERTIFY, That I attended deceased from **12-11** 19**33**, to **12-12** 19**33**
 I last saw him alive on **12-12** 19**33**. Death is said to have occurred on the date stated above, at **6:45** p.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Arteriosclerosis
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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) **W. H. Hood**, M. D.
 (Address) **City Hospital**

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.

