

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County Miss
Township Lebo
City (No. _____) _____

Registration District No. 5769
Primary Registration District No. 5763

File No. 5784
Registered No. _____ St. _____ Ward)

2. FULL NAME

(a) Residence, No. Elta Hopson _____ Ward.
(Usual place of abode) New Madrid Mo _____

(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>MA</u>	4. COLOR OR RACE <u>col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 27-1899</u>		
7. AGE	YEARS <u>14 1/2</u>	MONTHS <u>5</u>
	DAYS <u>0</u>	If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. <u>housewife</u>		11. Total time (years) spent in this occupation _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>18'</u>		
10. Date deceased last worked at this occupation (month and year) _____		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 17 1934

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 _____ m.

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

auto wreck
skull crushed
J. O. G.
Other contributory causes of importance glo

Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) New Madrid Mo
(STATE OR COUNTRY)

13. NAME Henry Wilby

14. BIRTHPLACE (CITY OR TOWN) Ark
(STATE OR COUNTRY)

15. MAIDEN NAME Henry Wilby

16. BIRTHPLACE (CITY OR TOWN) Ark
(STATE OR COUNTRY)

17. INFORMANT Elta Hopson
(ADDRESS) New Madrid Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE New Madrid DATE Feb 20 1934

19. UNDERTAKER Charleston Ind Co
(ADDRESS) Charleston Mo

20. FILED Feb 19 1934 L. Marshall
Registrar.

Name of operation none Date of _____

What test confirmed diagnosis? quest Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide accident Date of injury Feb 17, 1934

Where did injury occur? Miss Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place on highway east of Charleston Mo

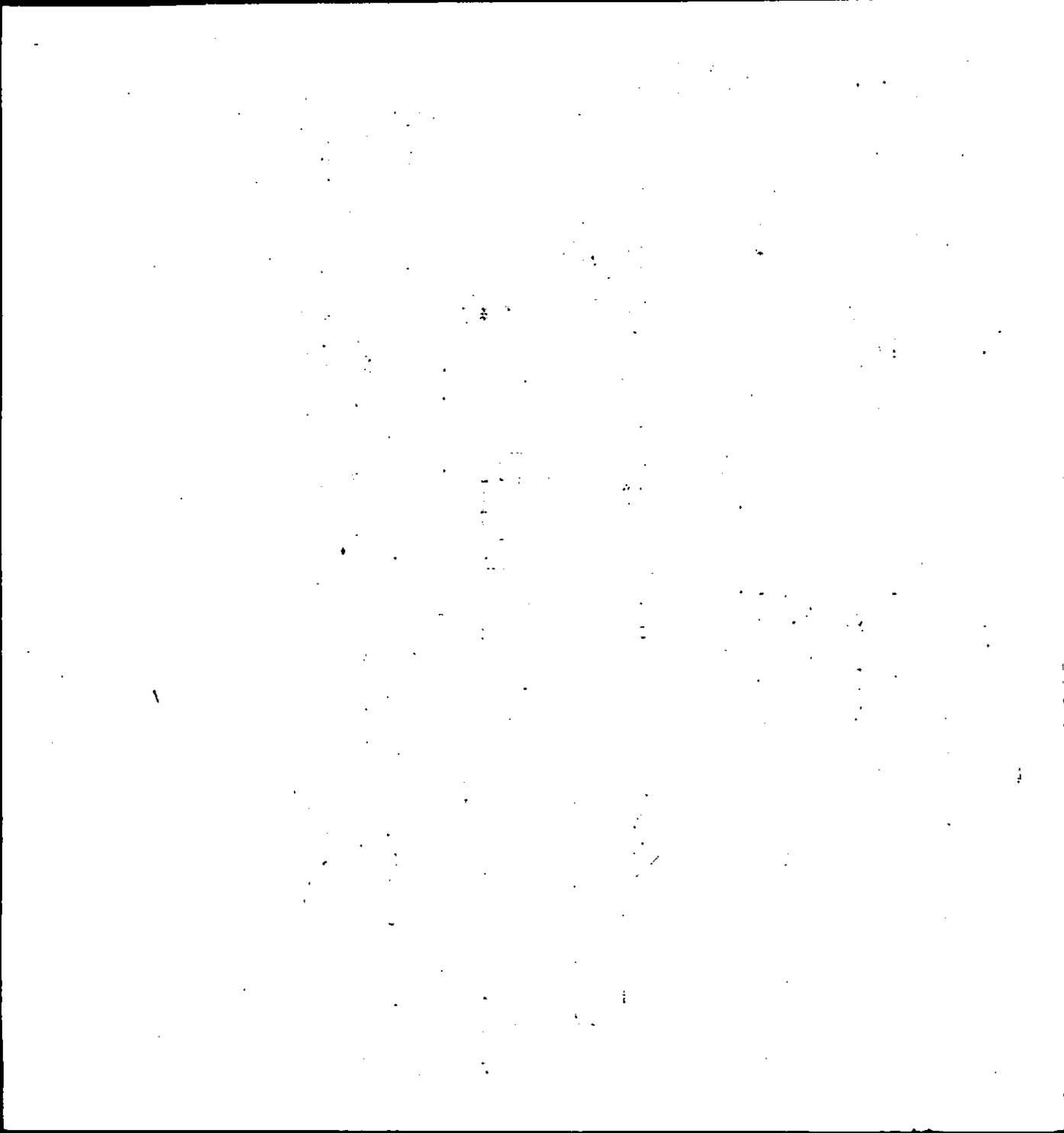
Manner of injury auto wreck

Nature of injury skull fractured

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify Paul Haefner (Signed) _____

(Address) Lawyer Charleston Mo



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ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Mississippi
Township Ohio
City (No.)

Registration District No. 569
Primary Registration District No. 5765

File No. 5784
Registered No. St. Ward

2. FULL NAME

Ella Hapson

(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 F 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS 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)

MOTHER / FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE , 19

19. UNDERTAKER (ADDRESS)

20. FILED June 27 1934 Al Marshall Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 17 1934

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 m.

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

Auto wreck
skull crushed
truck run over
crank bolt
Other contributory causes of importance:
turned over crushing
skull

Date of onset

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) , M. D.

(Address)

SUPPLEMENTARY

210

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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