

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.

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

Do not use this space.

11579

APR 25 1934

1. PLACE OF DEATH
 County Leath Registration District No. 821
 Township Wheat Primary Registration District No. 6070
 City Sikeston (No. _____) St. _____ Ward _____

2. FULL NAME Jack Hopper
 (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. 2 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 6-1882

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>51</u>	<u>5</u>	<u>18</u>	

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. farmer

10. Date deceased last worked at this occupation (month and year) October 1934 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) McClecken County Kentucky

13. NAME James Hopper

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

15. MAIDEN NAME Frances Sumner

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

17. INFORMANT Mrs. Jack Hopper
 (ADDRESS) Sikeston, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Memorial Park DATE Mar. 25 1934

19. UNDERTAKER H. J. Updegraff
 (ADDRESS) Sikeston, Mo.

20. FILED 4/11/34 1934 H. J. Updegraff
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1934, to Mar 23, 1934
 I last saw him alive on Mar 23, 1934 Death is said to have occurred on the date stated above, at 3:15 p. m.
 The principal cause of death and related causes of importance were as follows:

Chronic interstitial nephritis

Other contributory causes of importance:

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Name of operation _____ Date of _____
 What test confirmed diagnosis renal 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) Howard W. Kendy, M. D.
 (Address) Sikeston, Mo.

JAN 28 1953