

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

Do not use this space.

MAY 25 1934

File No. 12200  
Registered No. 174

1. PLACE OF DEATH  
County Chautauq Registration District No. 169  
Township Brunswick Primary Registration District No. 5235  
City Brunswick (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME James M. Hopkins  
(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**

**3 MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 3rd 1870

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>63</u>	<u>1</u>	<u>2</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baptist Minister

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) April 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from February 7, 1934, to April 5, 1934  
I last saw him alive on April 5, 1934 Death is said to have occurred on the date stated above, at 2 P. m.  
The principal cause of death and related causes of importance were as follows:  
Acute Cardiac failure due to Bronchial pneumonia  
Date of onset April 2

Other contributory causes of importance:  
Chronic Bronchitis Jan 3, 34

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maine County Mo.

FATHER  
13. NAME John Hopkins  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Summit County Kentucky

MOTHER  
15. MAIDEN NAME Josephine Wright  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jessup County Kentucky

17. INFORMANT (ADDRESS) Dr. Kuder Brunswick Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethel DATE April 7, 1934

19. UNDERTAKER (ADDRESS) Edw. O. Barnett Reptersville Mo.

20. FILED Apr. 6 1934 Harry E. Dutton 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? no  
If so, specify \_\_\_\_\_  
(Signed) O. H. DAMRON, M. D.  
(Address) Reptersville, Mo.

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.

1934

