

DEC 27 1934

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

Do not use this space.

41795

1. PLACE OF DEATH

County Franklin

Registration District No. 903

Township Franklin

Primary Registration District No. 4545

City Franklin City Mo (No. 1)

St. Mo. Ward 1

2. FULL NAME

(a) Residence, No. George H Hopkins

St. Mo.

Ward 1

(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. 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

Married Rebecca

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

86

9

6

OCCUPATION

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

Farmer, Carpenter

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

3 years ago

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

Illinois

MOTHER FATHER

13. NAME

Robert Hopkins

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

Boylston Green, Kentucky

15. MAIDEN NAME

Harriet Coffey

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

Boylston Green, Kentucky

17. INFORMANT (ADDRESS)

Antony Crane

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Little Brown Creek DATE Nov. 28, 1934

19. UNDERTAKER (ADDRESS)

Agnes D. Dwyer
Franklin City, Mo.

20. FILED

Nov. 21, 1934 Fred Mull Registrar

MEDICAL CERTIFICATE OF DEATH

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

Nov. 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Sept. 1931 to Nov. 15, 1934

I last saw him alive on Nov. 15, 1934 Death is said

to have occurred on Nov. 16, 1934 at 8:00 p.m.

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

apoplexy

old age and general infirmities

Other contributory causes of importance:

old age and general infirmities

Name of operation None Date of None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None Date of injury None, 1934

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

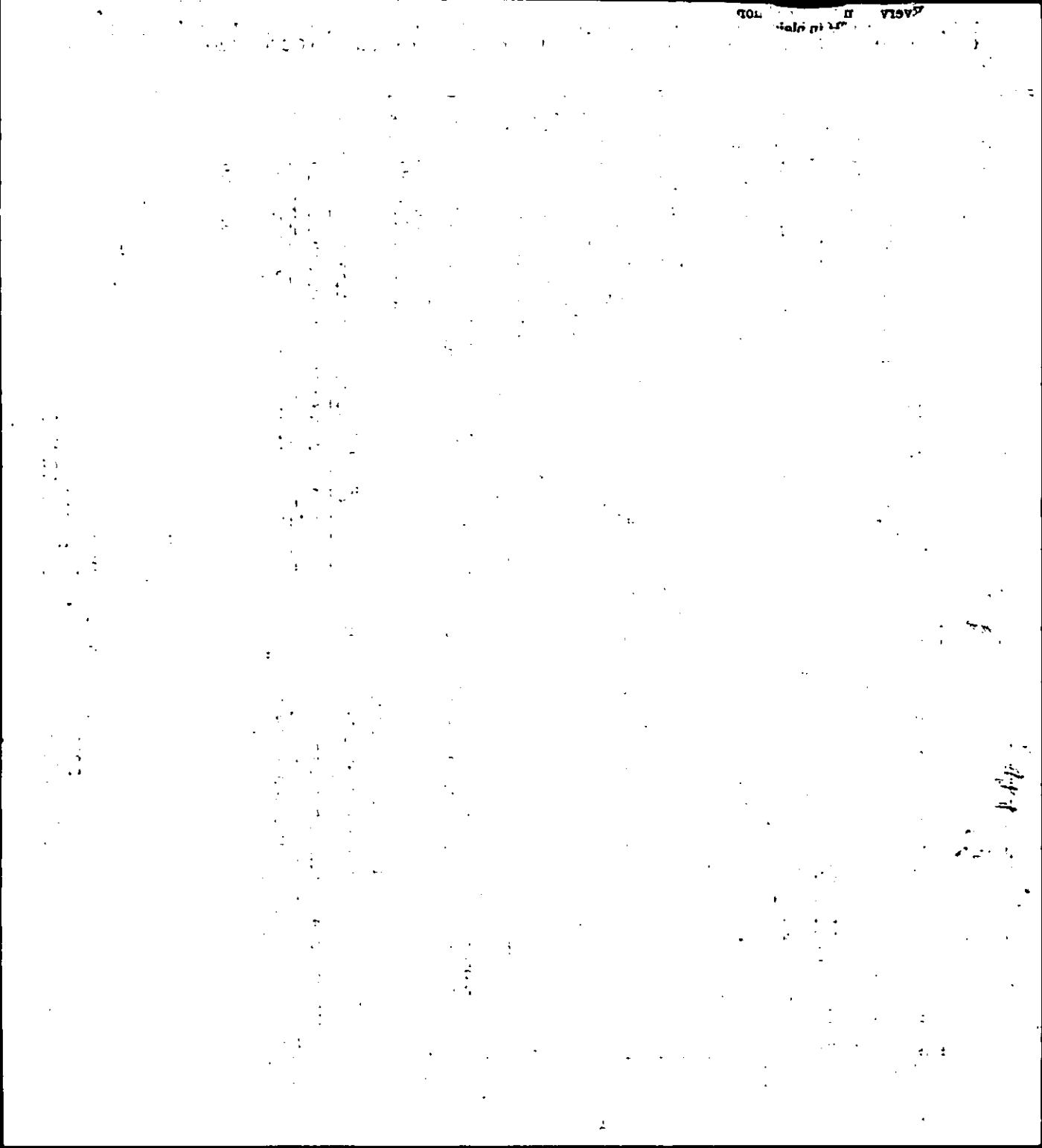
Nature of injury None

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

If so, specify None

(Signed) Fred Mull M. D.

(Address) Franklin City Mo



N. B.—Every item in this statement 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.

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

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH —

County Worth

Registration District No. 903

Township

Primary Registration District No. 4545

City Front City

(No. George W. Hopkins)

File No. 41795

Registered No. _____

St. _____ Ward _____

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

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

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)

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

Nov 24 1934

Fred M. Malt

Registrar

MEDICAL CERTIFICATE OF DEATH

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

Nov 16 1934

22. I HEREBY CERTIFY, That I attended deceased from

19____, to 19____

I last saw him 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:

Date of onset

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) _____, M. D.

(Address) _____

MAR 1 1935

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