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

FEB 5 1935

Do not use this space.

1758

1. PLACE OF DEATH

County Jasper — Registration District No. 411 — File No.

Township — Primary Registration District No. 2002 — Registered No.

City Joplin (No. 513 N. Joplin St. Ward)

2. FULL NAME Charles Wesley Hopkins

(a) Residence, No. 513 N. Joplin St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 30 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~~ Minerva Hopkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-25-1857

7. AGE — YEARS 78 — MONTHS 6 — DAYS 2 — 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. Carpenter
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) Northern Mo.

FATHER

13. NAME No Record
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

MOTHER

15. MAIDEN NAME No Record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (ADDRESS) J. W. Hopkins Joplin Missouri

18. ~~BURIAL, CREMATION, OR REMOVAL~~ PLACE Ozark Memorial DATE Jan. 29 1935

19. UNDERTAKER (ADDRESS) Clark Undert. Co. Galena Kansas

20. FILED 1-29 1935 Ed D James Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1935, to Jan 22, 1935

I last saw him alive on Jan 24, 1935 Death is said to have occurred on the date stated above, at 3:45 P.M.

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

	Date of onset
Cereboal Hemorrhage	Jan 12 1935
936	

Other contributory causes of importance: Chr. myocarditis

Name of operation None Date of

What test confirmed diagnosis? Physical Sign 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) James A. O'Brien M.D.

(Address) 530½ Main St. Joplin Mo.