

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.

APR 1 2 1935

7959

1. PLACE OF DEATH

County Adair
Township Liberty
City _____ (No. _____)

Registration District No. 978
Primary Registration District No. 5008

File No. _____
Registered No. 4
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. James Isaac George Hopper
(Usual place of abode) Youngstown N.E.S.

Ward _____

(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 M 4. COLOR OR RACE W. 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) 1-2-1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 2 7

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

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) Missouri

13. NAME John Hooper

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

15. MAIDEN NAME Annanda Mark

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

17. INFORMANT Lynnie Farr
(ADDRESS) Youngstown Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Liberty Cent. DATE 3-11- 1935

19. UNDERTAKER Dee Riley
(ADDRESS) Richmond Mo.

20. FILED March 12 1935 Smith Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 9th 2 p.m. 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2nd, 1935, to Feb. 19th, 1935

I last saw him alive on Feb. 19th, 1935. 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:

Pneumonia and Lung Abscess following injury by automobile on Feb. 2nd 1935

Other contributory causes of importance: N

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical and Lab. Was there an autopsy? N

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) Geo. F. Sured, M. D.(Address) Richsville Mo.

MAY 24 1943

**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 Adair

Registration District No. 978

Township

Primary Registration District No. 5008

City

(No. James Isaac George Hooper Ward.

File No.

Registered No. 4

St. Ward

2. FULL NAME

(a) Residence, No. James Isaac George Hooper 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) s

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

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

7. AGE YEARS 48 MONTHS 2 DAYS 7 If LESS than 1 day, hrs. or min.

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. UNDERTAKER (ADDRESS)

20. FILED Mar. 12 1935 Ruth Novinger Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 9 1935

22. I HEREBY CERTIFY, That I attended deceased from

, 19, to , 19

I last saw 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:

Pneumonia & Lung Date of onset

injury by auto.

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? accident Date of injury Feb. 2, 1935

Where did injury occur? Adair Co. Mo.

(Specify city or town, county, and State)

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

public place

Manner of injury Pedestrian

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.

(Address)

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

MAY 16 1953

JUN 28 1953

S-7959