

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

OCT 23 1935

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

Do not use this space.

1. PLACE OF DEATH

County.....

Township.....

City.....

Registration District No.....

City Registration District No.....

(No.)

791
1008

File No.....

Registered No.....

St.....

(Ward)

30903

7692

2. FULL NAME

(a) Residence, No.....

(Usual place of abode)

Length of residence in city or town where death occurred

19 yrs. mos. ds.

ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

Reed Hopkins
817-7-21st St. St. Ward. 21

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 7th 1935

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

22. I HEREBY CERTIFY, That I attended deceased from 8-28-1935, to 9-7-1935

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 28th 1886

I last saw him alive on 9-7-1935 Death is said to have occurred on the date stated above, at 7:25 AM

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 4 9

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

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
Cipe Fitting
Unavailable
None

Pulmonary Tuberculosis

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

Other contributory causes of importance: Degenerative Heart Disease

13. NAME William Henry Hopkins

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

15. MAIDEN NAME Sarah Mergo

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

17. INFORMANT Ruby Perbeck

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Sept. 13 1935

19. UNDERTAKER (ADDRESS) Charles J. Gatch 4107 Harrison St. St. Louis

20. FILED SEP 12 1935 J. Bredeck Registrar

Name of operation..... 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?.....

If so, specify James B. Harris M. D. (Signed)

(Address) 2945 - Leavenworth Blvd.

