FEB 18 1936

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

Do not use this space.

1. PLACE OF DEATH
County Carroll
Township Carrollton
City ..... (No. ..... St. ..... Ward)

Registration District No. 135
Primary Registration District No. 5188

File No. 501
Registered No. 1

2. FULL NAME Charles Claude Hopper

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

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): baby

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-26-1935

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	6	7	

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. Baby
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) Richmond Mo

FATHER

13. NAME Paul Hopper
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Aurora Mo

MOTHER

15. MAIDEN NAME Nora Harper
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bogard Mo

17. INFORMANT (ADDRESS) Mrs Rebecca Johnson Bogard Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ebenezer DATE Jan 5 1936

19. UNDERTAKER (ADDRESS) E. A. Dixelson Bogard Mo

20. FILED 1-5 1936 Ruth Hoskins Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1935, to Jan 3, 1936
I last saw him alive on Jan 3, 1936 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:

Influenza

Date of onset

Other contributory causes of importance

None

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? No
If so, specify .....
(Signed) R. Hamilton Staton, M. D.
(Address) Carrollton, Mo