APR 23 1936

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

Do not use this space.

6285

1. PLACE OF DEATH
County Jackson Registration District No. File No.
Township Kaw Primary Registration District No. Registered No. 1112
City Kansas City (No. 5831, Lister St. Ward)

2. FULL NAME Mrs Amy Jane Hopper
(a) Residence, No. 5831 Lister St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1887 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe
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 Frank M Hopper
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-12-1849
7. AGE YEARS 87 MONTHS 0 DAYS 17 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Cleveland Ohio

FATHER
13. NAME Henry Preston
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Florella Lockwood
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Frank M Hopper 5831 Lister
18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenlawn DATE Feb-3 1936
19. UNDERTAKER (ADDRESS) D.W. Newcomers Sons Kansas City - Mo
20. FILED 3 2 1936 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-29, 1936
22. I HEREBY CERTIFY, That I attended deceased from 2-27, 1936, to 2-29, 1936
I last saw her alive on 2-26, 1936 Death is said to have occurred on the date stated above, at 4:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage-Apoplexy	

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) J. H. Jennett M.D. (Sup.), M. D.
(Address) Supt. K.C. Gen. Hosp. KC Mo

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.

General Hospital.