JUL 16 1936

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

Do not use this space.

1. PLACE OF DEATH
County Bollinger — Registration District No. 67 — File No. 25489
Township Scopus — Primary Registration District No. 5706 — Registered No. 2
City near Scopus, Mo. (No. ..... , ... St. ..... Ward)

2. FULL NAME Chester V. Hopkins

(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. 14 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Idona Mayfield Hopkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-29-1896

7. AGE — YEARS 40 — MONTHS 4 — DAYS 3 — 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. Farmer
10. Date deceased last worked at this occupation (month and year) 7-1
11. Total time (years) spent in this occupation

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

FATHER
13. NAME Joel T. Hopkins
14. BIRTHPLACE (CITY OR TOWN) X (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Sarah Barks
16. BIRTHPLACE (CITY OR TOWN) Bol. Co. Mo (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Hill Limbaugh Millersville, R.F.D. #1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cook Cemetary Scopus, Mo. DATE July 3 1936

19. UNDERTAKER (ADDRESS) Cracraft-Allen Jackson, Mo.

20. FILED 7-6 1936 Mrs. E. A. Sanders Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-2 1936

22. I HEREBY CERTIFY, That I attended deceased from ✓, 19✓, to ✓, 19✓
I last saw h✓ alive on ✓, 19 ..... Death is said to have occurred on the date stated above, at 7:00 p.m.
The principal cause of death and related causes of importance were as follows:

Verdict of Coroner
Gun shot - self inflicted
(Suicide)

Date of onset

Other contributory causes of importance:
Mental derangement caused from war service.

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. A. Van Amburg, Cor., M. D.
(Address) Lutesville 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.

FEB 4 1947