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.

100M-1-20-36 I X7044

NOV 16 1936

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

Do not use this space.
37655

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City KCMO (No. General Hospital St. Ward)

File No. 4505
Registered No.

2. FULL NAME James Hopewell
(a) Residence, No. 4504 Cypress St. 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 Male
4. COLOR OR RACE White
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) Mar 23-1913
7. AGE YEARS 23 MONTHS 6 DAYS 14 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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) Kansas

FATHER
13. NAME James Hopewell.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Allie Butler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) James Hopewell. 4504 Cypress.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenlawn DATE 10/10/36
19. UNDERTAKER (ADDRESS) BERGMAN FUNERAL HOME, INC.
20. FILED Oct 11, 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 7-1936
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 2:00 p.m.
The principal cause of death and related causes of importance were as follows:
Hemorrhage from Rupt Axillary Profunda Artery
Date of onset
Other contributory causes of importance:
Bronchopneumonia
Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? yes
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Oct 7/1936
Where did injury occur? Topeka Kansas (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury Fall
Nature of injury Rupt of branch of Axillary artery
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Russell W Kerr, M. D.
(Address) KCMO