

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.

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

Do not use this space.

JAN 19 1937

896

1. PLACE OF DEATH

County Gentry
 1 Township
 2 City Albany (No. _____)

Registration District No. 309
 Primary Registration District No. H185

File No. _____
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

Mark Anthony Hopkins

(a) Residence, No. _____ 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 16, 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
41 11 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. waiter in cafe
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 241
 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) Gentry Co. Mo

FATHER 13. NAME James Monroe Hopkins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gentry Co Mo

MOTHER 15. MAIDEN NAME Minerva Jane Haverich

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gentry Co Mo

17. INFORMANT Ruby Hopkins (ADDRESS) Albany Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Old Brick DATE 1/3 1937

19. UNDERTAKER Robert Lipp (ADDRESS) Albany Mo

20. FILED Jan 2, 1937 W. T. Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 1 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 28 1936 to Jan 1 1937
 I last saw him alive on Jan 1 1937. Death is said to have occurred on the date stated above, at 5:30 P.M.

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

Date of onset _____
Bruise Pneumonia Dec 28
3)
 Other contributory causes of importance: Influenza

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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 _____
 (Signed) James M. Berger M. D.
 (Address) Albany Mo

NOV 15 1955