

MAR 20 1937

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

Do not use this space.

6673

1. PLACE OF DEATH

County Jackson
Township
City Lewis Summit (No. St. Ward)

Registration District No. 400
Primary Registration District No. 4235

File No.
Registered No. 15

2. FULL NAME

Daniel Boone Hopkins

(a) Residence, No. Lewis Summit St. Mo. Ward. (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male	4. COLOR OF RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15 1879		
7. AGE 87	YEARS 9	MONTHS -
		DAYS -
		If LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer	11. Total time (years) spent in this occupation all
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blue Springs Mo		
MOTHER	13. NAME Richard Hopkins	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown West Virginia	
	15. MAIDEN NAME Charlotte Frazer	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown W. Va.	
17. INFORMANT (ADDRESS) Green Hopkins Lewis Summit Mo.		
18. BURIAL, CREMATION, OR REMOVAL Stanley Cemetery DATE Jan-17-1937		
19. UNDERTAKER (ADDRESS) L. J. Fields of Lewis Summit Mo.		
20. FILE Jan-16-1937	William J. Fields Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-15-1937

22. I HEREBY CERTIFY That I attended deceased from Jan. 8 1937, to Jan 15 1937
I last saw him alive on Jan. 15 1937. Death is said to have occurred on the date stated above, 8:30 P. m.

The principal cause of death and related causes of importance were as follows:
Date of onset
Bronchial pneumonia Jan 8, 37

Other contributory causes of importance:
Senility 10 yrs several years

Name of operation none 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 none
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A. G. Swaney M. D.
(Address) Lewis Summit, Mo

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.

