

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 29 1937

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

Do not use this space.

14003

1. PLACE OF DEATH

County Washington Registration District No. 887
Township Union Primary Registration District No. 6182
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

John A Hopkins
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/28 1937

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

22. I HEREBY CERTIFY, That I attended deceased from 2-1- 1936, to 3-28 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/26/1882

I last saw h. in alive on 2-12 1937. Death is said to have occurred on the date stated above, at 3:30 P.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 54 10 8

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

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.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

Pneumonia Pectoris -
Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co Mo

Other contributory causes of importance: aka

13. NAME Thomas Hopkins

Name of operation _____ Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME Mary Dechance

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) Mrs Emma Deanna
Wesley

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE 3/29 1937

Manner of injury _____

19. UNDERTAKER (ADDRESS) St. Louis

Nature of injury _____

20. FILED April 1 1937 G. H. Presnell Registrar.

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

(Signed) Joe L. Thurman, M. D.
(Address) St. Louis, Mo

