

OCT 20 1937

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

Do not use this space.

1. PLACE OF DEATH <sup>2</sup>  
County Boone Co. Registration District No. 72 5158.  
Township Boone Primary Registration District No. 4-4-4  
City Rochport (No. ....) St. .... Ward (No. ....)

2. FULL NAME James T Hopper  
(a) Residence, No. Rochport R1 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.

File No. 33640  
Registered No. 13  
St. .... Ward (No. ....)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Artie Smith Hopper "deceased"

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 1 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
85 0 22

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 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 23 1937

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

Senility

Other contributory causes of importance: 162

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) M. P. Taylor, Coroner  
(Address) 42 N 9th St.

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

13. NAME Bluff Hopper

14. BIRTHPLACE (CITY OR TOWN) Dont know  
(STATE OR COUNTRY)

15. MAIDEN NAME Dont know

16. BIRTHPLACE (CITY OR TOWN) Dont know  
(STATE OR COUNTRY)

17. INFORMANT Mrs Raymond Beyer  
(ADDRESS) Rochport, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Valley Springs DATE Sept 25 1937

19. UNDERTAKER R O Lippert  
(ADDRESS) .....

20. FILED 9-26-37 Mary M Ingell  
Registrar.

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.

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