

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

Do not use this space.

JAN 17 1938

44016

1. PLACE OF DEATH

County Jackson
Township Town
City San City

Registration District No. 399
Primary Registration District No. 1007

File No. _____
Registered No. 4949
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 5901 - Passer 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

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
		5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 25 - 1868</u>				
7. AGE	YEARS <u>69</u>	MONTHS <u>2</u>	DAYS <u>13</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>machinist</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Rush Sash Door Co.</u>			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Creston Iowa</u>			
	13. NAME <u>Mark Hopkins</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>			
MOTHER	15. MAIDEN NAME <u>Nancy Mc Kee</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>			
17. INFORMANT <u>Male S. M. & Res.</u> (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Hill</u> DATE <u>12/10/37</u>				
19. UNDERTAKER <u>BERGIAN FUNERAL HOME, INC.</u> (ADDRESS)				
20. FILED <u>Dec 9 37</u> M. M. <u>Growe</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 8 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 37 to Dec 8 1937
I last saw him alive on Dec 8 1937 Death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:
Chr Myocarditis Date of onset Dec 37
Coronary Thrombosis Feb 37
92C

Other contributory causes of importance: _____

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? 1
If so, specify C. L. Sullivan
(Signed) 1022 3rd St M. D.
(Address) W. E. Ross

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.

