

REC'D APR 22 1938

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

11878  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Randolph Registration District No. 735  
(b) Township Map of Beech Primary Registration District No. 3034 Registered No. 63  
(c) City Moberly (d) Street No. 313 Jefferson St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Ray Hopson

(a) Residence, No. 313 Jefferson St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## 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 Sylvia Hopson  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 7<sup>th</sup> 1890  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
47 7 5  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Machinist  
9. Industry or business in which work was done, as saw mill, bank, etc.  
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) Mo 0FATHER 13. NAME Sherman Hopson 114. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill 1MOTHER 15. MAIDEN NAME Helena H. Strassburg16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kas.17. INFORMANT (ADDRESS) Sherman Hopson  
Moberly Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly Mo DATE March 14<sup>th</sup> 193819. FUNERAL DIRECTOR (ADDRESS) Matthew and Son  
Moberly Mo20. FILED Mar. 14 1938 Ethel Spletzer  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12<sup>th</sup> 1938

22. I HEREBY CERTIFY, That I attended deceased from 5:00 PM 1938 to 7:45 AM 1938  
I last saw him alive on March 11<sup>th</sup> 1938 Death is said to have occurred on the date stated above, at 7:45 am.

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

Tuberculosis (General)  
(notable to State Engineer)  
focus - probably Lupus

Other contributory causes of importance:

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? no 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 no(Signed) no L. Oriskany, M. D.(Address) Moberly Mo

180  
50188A

**STATEMENT BY LICENSED EMBALMER**

I, Frank L. Witt ..... Licensed Embalmer No. ....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me .....

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed Frank L. Witt .....

Licensed Embalmer No. 3021

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**