

REC'D JUL 11 1938

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

Do not use this space.

1. PLACE OF DEATH

County Madaway
Township
City Maryville (No. _____)

Registration District No. 625
Primary Registration District No. 3031

22548

File No. _____
Registered No. 23 St. _____ Ward _____

2. FULL NAME Mrs. Helen C. Hopkins

(a) Residence, No. 221 - 2nd Lincoln 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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 2, 1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
91 6 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Guolph, Canada

13. NAME Robt. Allen

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

15. MAIDEN NAME Margaret Kenedy

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

17. INFORMANT Miss Carrie Hopkins (ADDRESS) Maryville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Miriam DATE Feb. 24, 1938

19. UNDERTAKER Cummins Furniture Co. (ADDRESS) Maryville, Mo.

20. FILED 2-24 1938 Mamie E. Chardy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 22, 1938

22. I HEREBY CERTIFY, that I attended deceased from Feb - 13 1938, to Feb - 22 1938

I last saw him alive on Feb - 21 1938 Death is said to have occurred on the date stated above, at 1:00 A.M.

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

Myocardial Degeneration
Chronic Brights Disease
Date of onset _____

Other contributory causes of importance: 101

Name of operation _____ Date of _____
What test confirmed diagnosis Autopsy 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?
If so, specify _____
(Signed) H. M. Dallas Jr. M. D.

(Address) Maryville, Mo.

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CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH
 (a) County Nodaway Registration District No. 625
 (b) Township _____ Primary Registration District No. 3031 Registered No. 23
 (c) City Marionville (d) Street No. _____
 (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 Mrs. Helen S. Hopkins 125
 (a) Residence, No. 221 - West Lincoln St. 6 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF J. J. Hopkins
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 2, 1844
 7. AGE YEARS 93 MONTHS 6 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. at Home
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Guelph (STATE OR COUNTRY) Canada

FATHER 13. NAME Robt D Allen
 14. BIRTHPLACE (CITY OR TOWN) Scotland (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Margret Kennedy
 16. BIRTHPLACE (CITY OR TOWN) Scotland (STATE OR COUNTRY)

17. INFORMANT Carrie Hopkins (ADDRESS) Marionville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Miram DATE Feb 24 1938

19. FUNERAL DIRECTOR J. J. Hopkins (ADDRESS) Marionville Mo.

20. FILED 2-24 1938 Mamie E. Clardy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22 1938
 22. I HEREBY CERTIFY, That I attended deceased from Feb 13 1938 to Feb 22 1938
 I last saw her alive on Feb 21 1938 Death is said to have occurred on the date stated above, at 12 m.
 The principal cause of death and related causes of importance were as follows:

myocardial degeneration
Chronic Bright's Disease Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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 H.M. Hall M. D.
 (Signed) Mamie E. Clardy (Address) Marionville Mo.

S-22548

STATEMENT BY LICENSED EMBALMER

I, J B Cummins, Licensed Embalmer No. 1675
hereby certify that the body recorded on the reverse side of this certificate was embalmed by J B Cummins
L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed J B Cummins
Licensed Embalmer No. 1675

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.)