

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

Bohling
 Do not use this space.
22641

1938 JUL 17 1938

1. PLACE OF DEATH

County Pettis
 Township.....
 City Sedalia

Registration District No. 669
 Primary Registration District No. 3032
 (No. 518 West Broadway)

File No. 189 189
 Registered No. 668
 St. Ward)

2. FULL NAME

Betty Hopkins

(a) Residence, No. 518 West Broadway 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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 2, 1847

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
90 7 14

OCCUPATION 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) Danville /
 (STATE OR COUNTRY) Ky. /

FATHER 13. NAME James S. Hopkins /

14. BIRTHPLACE (CITY OR TOWN) Ky /
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Sarah Barbee

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

17. INFORMANT Mrs. Jack Funk
 (ADDRESS) Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE June 19, 1938

19. UNDERTAKER Gillespie Funeral Home
 (ADDRESS) Sedalia, Mo.

20. FILED 6-17- 1938 James Funk Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16, 1938 1938

22. I HEREBY CERTIFY that I attended deceased from March 14, 1938 to June 16, 1938
 I last saw her alive on June 15, 1938 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:

cardioparalysis Date of onset 2-1-38

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? X-ray 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? No

If so, specify.....

(Signed) Boyd Bohling, M. D.

(Address) Sedalia, Mo.

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.

