

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

1573
 Do not use this space.

REC'D FEB 6 1939

1. PLACE OF DEATH 2

(a) County Boone Registration District No. 73
 (b) Township Columbia Primary Registration District No. 3006 Registered No. 8
 (c) City Columbia (d) Street No. _____ 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 Charlie Dillard Hopper

(a) Residence, No. 618 Washington Ave 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 Annie Francis Hopper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 9 - 1860

| | | | | |
|--------|-----------|----------|----------|----------------------------------|
| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
| | <u>78</u> | <u>5</u> | <u>5</u> | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Janitor
 9. Industry or business in which work was done, as saw mill, bank, etc. School
 10. Date deceased last worked at this occupation (month and year) About 3 yr 11. Total time (years) spent in this occupation _____

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

FATHER

13. NAME Cliff Hopper
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER

15. MAIDEN NAME Catherine A. Robinson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Clyde Hopper Columbia Mo

18. BURIAL, CREMATION OR REMOVAL PLACE Memorial Park DATE Jan 17th 1939

19. FUNERAL DIRECTOR (ADDRESS) A. O'Brien Columbia, Mo.

20. FILED 1/17/1939 Allie Selby Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14 1939

22. I HEREBY CERTIFY, that I attended deceased from Jan 10th 1939 to Jan 14th 1939
 I last saw him alive on Jan 14th 1939 Death is said to have occurred on the date stated above, at 2:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Broncho Pneumonia Date of onset _____
 Other contributory causes of importance: Influenza
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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 _____ M. D.
 (Signed) Lloyd Simpson
 (Address) Columbia Missouri

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.

STATEMENT BY LICENSED EMBALMER

Lynard H. Sprinkle Licensed Embalmer No. *4013*

hereby certify that the body recorded on the reverse side of this certificate was embalmed by *Arturo & Camilla*

..... L. E.

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

Signed *Lynard H. Sprinkle*

Licensed Embalmer No. *4013*

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.)