DEC'D FEB 24 1939

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

Do not use this space.

1. PLACE OF DEATH

57 County Lincoln 2 Registration District No. 495 File No. 2921

Township Waverly Primary Registration District No. 5659 Registered No. 1

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME 125 John M. Hopkins

(a) Residence, No. ..... 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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 20, 1853

7. AGE: YEARS 85 | MONTHS 2 | DAYS 0 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
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) Lincoln Co. Mo.

FATHER

13. NAME Randal Hopkins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hopkinsville, Ky.

MOTHER

15. MAIDEN NAME Julia Lewis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Co. Mo.

17. INFORMANT (ADDRESS) Mrs. Chas. Duff Whitesides, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Antioch Cemetry Pike Co. Mo. DATE Burial 1/21/39, 19

19. UNDERTAKER (ADDRESS) W. R. Vomund Silex, Mo.

20. FILED Jan. 28, 1939 Mabry Motley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 20 - , 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan - 1 - 1939, to Jan - 20 - , 1939

I last saw him alive on Jan. 18 - , 1939. Death is said to have occurred on the date stated above, at 8 A m.

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

	Date of onset
Cancer of the Stomache	
46	

Other contributory causes of importance:

Name of operation None 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? None

If so, specify .....

(Signed) O. H. Damron, M. D.

(Address) Silex, 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.