WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

APR 21 1939

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

Do not use this space.

12449

1. PLACE OF DEATH
County Saline — Registration District No. 799 — File No.
Township — Primary Registration District No. 4279 — Registered No. 13
City Slater, Mo. (No. , St. Ward)

2. FULL NAME Edward Elliott Hopson.
(a) Residence, No. 429-North Walnut St Slater, Mo 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September-16-1875

7. AGE: YEARS 63 — MONTHS 6 — DAYS 16 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boiler Maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Inspector. Rail Road
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) Moberly, Mo.

FATHER
13. NAME William Hopson.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know Don't Know

MOTHER
15. MAIDEN NAME Louise Adair
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Mrs Rose Hopson Slater, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Slater City DATE April-4-39

19. UNDERTAKER (ADDRESS) Jones & Salzer Slater, Mo.

20. FILED 4 3 1939 W. M. Tuttle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April-2-1939

22. I HEREBY CERTIFY, That I ~~attended deceased from~~ held Inquest, to April-3-39
I last saw h— alive on About 12:45 1939 Death is said to have occurred on the date stated above, at 12:45 a.m.
The principal cause of death and related causes of importance were as follows:

Pistol Shot Wounds In the Body said Pistol held in the hand or person Unknown and fired with homicidal intent

Date of onset

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 4-2-1939
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) B. C. Bradshaw, M. D.
(Address) Arrow Rock Mo
Coroner Saline County Mo