

1939 MAY 22 1939

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

16029
Do not use this space.

1. PLACE OF DEATH

(a) County St. Genevieve ² Registration District No. 780
 (b) Township St. Gen. ¹ Primary Registration District No. 6035
 (c) City Spratt (d) Street No. _____ (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 William Hopkins
 (a) Residence, No. Spratt mo 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 Mollie Hopkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17 1884

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>54</u>	<u>11</u>	<u>15</u>		

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. None
 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) MO

FATHER

13. NAME William Wallace Hopkins
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill. O

MOTHER

15. MAIDEN NAME Julia Williams
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. O

17. INFORMANT (ADDRESS) Mary Hopkins Spratt Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bonne Terre Mo DATE April 4 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. S. Boyerison Leadwood Mo

20. FILED Apr 3 1939 T.W. Douglas Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 30 1938 to April 7 1939
 I last saw him alive on Jan 14 1939. Death is said to have occurred on the date stated above, at 129 m.
 The principal cause of death and related causes of importance were as follows:
Hypertensive Cardiovascular disease
heart failure and bronchial pneumonia
 Date of onset ?

Other contributory causes of importance: 95 lb

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

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) John W. Hunt M. D.
706 (Address) Leadwood Mo

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Bert L. Boyer

Licensed Embalmer No. 3445

P. O. Address Leadwood Mo.

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.)

If this body is not embalmed, above space should be left blank.