

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

8025
 Do not use this space.

FILED MAR 12 1940

1. PLACE OF DEATH

(a) County St. Francois Registration District No. 773
 (b) Township St. Francois Primary Registration District No. 6018A
 (c) City Farmington Mo (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 21 yrs. 2 mos. 0 ds. (f) How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

Registered No. 37

2. PRINT FULL NAME

(a) Residence, No. 125 Charles Lewis Hopkins St.
Farmington, Mo. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 16 - 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 3 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
 10. Date deceased last worked at this occupation (month and year) April 2 months 11. Total time (years) spent in this occupation _____

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

FATHER 13. NAME Addie Hopkins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francois Co. Mo.

MOTHER 15. MAIDEN NAME Felicity Honey Mason

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francois Co. Mo.

17. INFORMANT (ADDRESS) Earl Hopkins
Farmington Mo R#4

18. BURIAL, CREMATION, OR REMOVAL PLACE A. F. O. Farmington DATE Feb. 11, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Farmington Burial Co.
Farmington Mo

20. FILED Feb 10, 1940 B. J. Robinson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 9, 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1939 to Feb 9, 1940
 I last saw him alive on Feb 8, 1940 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:

Cerebral Apoplexy Date of onset 11-20-39
Arterial Sclerosis
Hypertensive heart disease
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? _____
 If so, specify See Dr. Watkins M. D.
 (Signed) _____ (Address) Farmington Mo

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

N. B.—Every item of information should be carefully studied. 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.

50M-1-12-35 I X1402B

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,

C.H. Cozart

....., or by

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

Signed.....

C.H. Cozart

Licensed Embalmer No.....

4084

P. O. Address.....

Farmington 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.