

FILED OCT 13 1941

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

Do not use this space.

30937

1. PLACE OF DEATH

County Barry Registration District No. 36
Township Sugar Creek Primary Registration District No. 3052
City Seligman, (No.) St. Ward

2. FULL NAME Donald Lyle Hopping.

(a) Residence, No. St. Ward. 0
(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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/10/1941

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
one

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

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) Seligman, Mo.

13. NAME Andy P. Hopping.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Okla.

15. MAIDEN NAME Minnie Frazier.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas,

17. INFORMANT Andy Hopping
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Gate way, Ark DATE 8/18/41

19. UNDERTAKER WILLIS
(ADDRESS)

20. FILED 8-12 1941 Pattie S. Ingh
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11, 1941

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1941 to aug, 11, 1941

I last saw him alive on aug, 11, 1941 Death is said

to have occurred on the date stated above, at 3 A.m.

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

Malformation,

Prolonged labor

Date of onset

Other contributory causes of importance: Malnutrition.

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Name of operation..... Date of.....

What test confirmed diagnosis? SYMPTOMS 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

(Signed) AW Edwards M. D.

(Address) Seligman, Mo.

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.

RECEIVED

District Health Officer No. 6,

District File Number 1041-1578

Date Filed OCT. 11. 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30937

Registration District No. 36

Primary Registration District No. 5052

Registrar's No.

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Saligman
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Donald L. Hopping
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced s
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased 8-10-1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day min.
hr.

9. Birthplace..... (City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name.....

13. Birthplace..... (City, town, or county) (State or foreign country)

14. Maiden name.....

15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant.....

(b) Address.....

17. (a)..... (b) Date thereof..... (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....
19. (a) 8-12-1941 (b) Patricia S. Hopping
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Saligman
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug Day 11 Year 1941 hour 11 minute A M.

21. I hereby certify that I attended the deceased from Aug 11 1941 that I have seen him/her alive on Aug 11 1941 and that death occurred on the date and hour stated above.
Immediate cause of death.....

Due to prolonging labor
Due to.....
Other conditions (include pregnancy within 3 months of death).....

Major findings: Of operations.....
Of autopsy..... no

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....
(Specify type of place)
While at work?..... (e) Means of injury.....

23. Signature..... (M. D. or other).....
Address..... Date signed.....

SUPPLEMENTARY

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1941

S-30937