

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.

165  
APR 27 1931

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

Do not use this space.

12938

## 1. PLACE OF DEATH

County Vernon  
Township Center  
City Nevada (No. \_\_\_\_\_)

Registration District No. 875Primary Registration District No. 3039

File No. \_\_\_\_\_

Registered No. 89

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME William Paxton Hopkins

(a) Residence, No. 715 Nevada St. 1st Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 3 mos. 3 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 Emma R Hopkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 16<sup>th</sup> 1962

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
68 5 3

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Dec 21 1924 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) Cumberland Co. S. C.  
(STATE OR COUNTRY)

FATHER

13. NAME Henry Hopkins

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

MOTHER

15. MAIDEN NAME Julia Ann Hart

16. BIRTHPLACE (CITY OR TOWN) Illinois  
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

Mrs. Harry Doucette, Daughter  
Nevada - Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Moore DATE March 20 1931

19. UNDERTAKER (ADDRESS)

Ferry Funeral Home  
Nevada - Mo.

20. FILED

4/18/31 E. P. King  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March - 18, 193122. I HEREBY CERTIFY, That I attended deceased from March 18, 1931 to March 18, 1931

I last saw him alive on March 18, 1931 Death is said to have occurred on the date stated above, at 4:30 p.m.

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

Date of onset

Death due to Dilatation of Heart  
I was called before  
9:50  
Other contributory causes of importance:

Name of operation None Date of March 18, 1931What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury March 18, 1931

Where did injury occur? at home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? noIf so, specify no(Signed) E. P. King, M. D.(Address) Nevada, Mo.

