

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

Do not use this space.

35874

DEC 18 1935

1. PLACE OF DEATH
County Henry Registration District No. 347
Township Clinton Primary Registration District No. 5488
City Clinton (No. _____) St. _____ Ward _____

2. FULL NAME Edward H. Hoppe
(a) Residence, No. Clinton R.R. St. _____ 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Carrie Hoppe</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 3 1867</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>1</u>
	DAYS <u>1</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>	
	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 <u>40</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
FATHER	13. NAME <u>August Hoppe</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Rosie Krueger</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Mrs E H Hoppe Clinton Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Clinton Mo</u> DATE <u>Nov 10 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Connelley & Peck Clinton Mo</u>		
20. FILED <u>11-16</u> 19 <u>35</u> <u>J R Hampton</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 8 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 6 1935 to Nov 5 1935
I last saw h. in alive on Nov 6 1935 Death is said to have occurred on the date stated above, at 6 m.
The principal cause of death and related causes of importance were as follows:
Uremia due to chronic interstitial nephritis
Date of onset last Oct 15/35

Other contributory causes of importance:
None

Name of operating _____ Date of _____
What test confirmed diagnosis? Clinical 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) S. B. Hughes, M. D.
(Address) Clinton, Mo.

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.

