REC'D JAN 24 1938

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

Do not use this space.

43752

1. PLACE OF DEATH

County MARION

Township MASON

City Hannibal (No. Levering Hospital .... St. .... Ward.)

Registration District No. 547

Primary Registration District No. 3029

File No. 43752

Registered No. 324

2. FULL NAME 125 Fredrick W. Hopkins

(a) Residence, No. Perry, Mo. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April-1-1904

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ......min.
34	7		

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry, Mo.

FATHER

13. NAME Alvin M. Hopkins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry, Mo.

MOTHER

15. MAIDEN NAME Annie Phillips

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry, Mo.

17. INFORMANT Dr. F.C. Hopkins
(ADDRESS) 1601 Bird St. Hannibal, Mo.

18. BURIAL, CREMATION, OR REMOVAL Perry, Mo.
PLACE Lick Creek DATE 12-2-38 19

TAKER Clyde Wilkey Perry, Mo.

8 - 1938 W.A. Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-1-1938

22. I HEREBY CERTIFY, That I attended deceased from 11-27-1938, to 12-1-1938

I last saw him alive on 11-30-1938 Death is said to have occurred on the date stated above, at 6 A.m.

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

	Date of onset
Cardiac Decompensation	6-1-38
ASB?	

Other contributory causes of importance: Essential Hypertension, arterial?

Name of operation ....no..... 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? ...no... 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. ...no...

Manner of injury ....no.....

Nature of injury ....no.....

24. Was disease or injury in any way related to occupation of deceased? ...no...

If so, specify ....

(Signed) .... , M.D.

(Address) ....