

1893 JAN 18 1893

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

2436
Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 347
(b) Township _____ Primary Registration District No. 3018
(c) City Clinton (d) Street No. _____ St. _____
(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. 9 mos. 21 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Artie A Hopkins
(a) Residence, No. Blairstown Mo St. (If nonresident, give city or town and State)

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 Effie Hopkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-18-1874

7. AGE YEARS MONTHS DAYS If LESS than day, hrs. or min.
60 | 9 | 14

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Mo

FATHER 13. NAME Daniel Hopkins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Va

MOTHER 15. MAIDEN NAME Mary Jane George

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

17. INFORMANT (ADDRESS) Effie Hopkins Blairstown Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Calhoun Cem 1-4-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred Wilkerson Blairton Mo

20. FILED 1-7 1939 J. R. Campbell Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-2-1939

22. I HEREBY CERTIFY, That I attended deceased from 11-2-1938, to 1-2-1939

I last saw him alive on 1-2-1939. Death is said to have occurred on the date stated above, at 6:00 m. PM

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

Diabetes mellitus ?
Chronic Myocarditis ?
Other contributory causes of importance:
Gangrene of rt lower limb. 11-2-38

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 _____
(Signed) James O. Smith, 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.

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, or by.....

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

Signed *Fred W. Kueser*

Licensed Embalmer No. *2478*

P. O. Address *Clinton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.