

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

Do not use this space.

38197

1. PLACE OF DEATH

County St. Francois
Towship "
City " (No.)

Registration District No. 773
Primary Registration District No. 6018A

File No.
Registered No. 149
St. Ward)

2. FULL NAME

Edie K. Hopkins

(a) Residence. No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-23-1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 10 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Pennsylvania

10. NAME OF FATHER Louis Hopkins

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Pennsylvania

12. MAIDEN NAME OF MOTHER Ann Comer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Pennsylvania

14. INFORMANT Mrs. George Miller
(Address) R #6 Farmington Mo

15. FILED 11-5-1929 T.B.J. Robison
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 4 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1929, to Nov 4, 1929 that I last saw him alive on Nov 3, 1929, and that death occurred, on the date stated above, at 9:11 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Arterio Sclerosis

97 (duration) 20^{or}3 yrs. mos. da.

CONTRIBUTORY (SECONDARY) 910 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: at place of death

DID AN OPERATION PRECEDE DEATH: no DATE OF

WAS THERE AN AUTOPSY: no

WHAT TEST CONFIRMED DIAGNOSIS: Clinical & Physical
(Signed) T.B.J. Robison M. D.

11-5, 1929 (Address) Farmington Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Knights of Pythias DATE OF BURIAL 11/6 1929

20. UNDERTAKER Needent Med Co ADDRESS Farmington Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY.

