2488

BUREAU OF VITAL STATISTICS

ARIZONA STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 421

Registered No.

MARGIN RESERVED FOR BINDING

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. See instructions on back of certificate.

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

1. PLACE OF DEATH

County: Cochise State: Registered No.:

District or Township: Douglas or Village: or

City: Douglas No. Calamet Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number).

2. FULL NAME: Claud William Hopkins

(a) Residence, No. Rodeo, New Mexico St., Ward.

(Usual place of abode) (If non-resident, 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	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Neva Hopkins

6. DATE OF BIRTH (month, day and year): 7-10-28

7. AGE	Years	Months	Days	IF LESS than 1 day ... hrs. or ... min.
	40	9	15	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Merchant

(b) General nature of industry, business or establishment in which employed (or employer): General Mdse

(c) Name of employer: Himself

9. BIRTHPLACE (city or town): Dunnegan

(State or country): Missouri

PARENTS

10. NAME OF FATHER: Solomon Hopkins

11. BIRTHPLACE OF FATHER (city or town)

(State or country)

12. MAIDEN NAME OF MOTHER: Cordelia Dunnegan

13. BIRTHPLACE OF MOTHER: Dunnegan (city or town)

(State or country): Misso

14. Informant: Mrs Neva Hopkins

(Address): Rodeo, New Mexico

15. Filed 4-28, 1928 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH: 4-25-28 (Month Day Year) 19..

17. I HEREBY CERTIFY, That I attended deceased from Apr 16, 1928 to Apr 25, 1928, that I last saw him alive on Apr 25, 1928 and that death occurred, on the date stated above, at 2-48 a.m. The CAUSE OF DEATH* was as follows:

General peritonitis - ruptured appendix

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Rodeo N. Mexico

Did an operation precede death? yes Date of Apr 25 1928

Was there an autopsy? no

What test confirmed diagnosis? Operative findings

(Signed) [signature] M. D.

Apr 27 1928 (Address)

* 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. (See reverse side for additional space).

19. PLACE OF BURIAL, CREMATION OR REMOVAL: Douglas, Arizona

DATE OF BURIAL: 4-28-28

20. UNDERTAKER: Porter & Ames

ADDRESS: Douglas, Arizona