1027

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 497 v
Registrar's No. 178

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. Place of Death: (a) County Yuma (b) City or Town Yuma (If outside city limits also write RURAL) (c) Location Yuma General Hospital (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 1 month In Community 46 yrs (Specify whether years, months or days); in Arizona 60 yrs

2. Usual Residence of Deceased: (a) State Arizona (b) County Yuma (c) City or Town Yuma Rural (If outside city limits also write RURAL)

(d) Street No. Rt 1 Yuma Arizona; (e) Citizen of foreign country (yes or No) no
If Yes, which country

3. (a) FULL NAME Benjamin F. Hopkins (b) If Veteran name war — (c) Social Security No. none

4. Sex	5. Color or Race	6. (a) Single, married, widowed or divorced
male	white	widowed

6. (b) Name of husband or wife Elren Nora
6. (c) Age of husband or wife, if alive ..... yrs.

7. Birthdate of deceased April 9 1861 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
83	6	5	hrs. ..... min. .....

9. Birthplace Iola County Kansas (City, town or county) (State or Country)

10. Usual Occupation farmer
11. Industry or Business farm

Father
12. Name Robert Hopkins
13. Birthplace Indiana (City, town or county) (State or Country)

Mother
14. Maiden Name Cynthia ann Downing
15. Birthplace Indiana (City, town or county) (State or Country)

16. (a) Informant's own signature Herbert Hopkins
(b) Address Yuma, Arizona Drawer 310

17. (a) Burial, Cremation or Removal Burial
(b) Place Yuma, Arizona (c) Date 10/16/44

18. (a) Embalmer's Signature O. Johnson
(b) Funeral Director The Johnson Mortuary
(c) Address Yuma, Arizona

19. (a) October 20, 1944 (Date received local Registrar)
(b) Mary A. Wuffenman (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and Year) October 14, 1944;
TIME (Hour and minute) 6:30 a M.

21. I hereby certify that I attended the deceased from June 30, 1944, to Oct 14, 1944; that I last saw him alive on Oct 13, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chronic

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
of operations

of autopsy

DURATION 6 mos

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature W. C. Carr M. D.
Address Yuma Ariz Date signed 10/20/44

20M 100% Rag 8-42 B. Co. County File No. Date Received