

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

43857
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 470
 (b) Township 1 Primary Registration District No. 5-2-33 Registered No. 167
 (c) City Mt. Vernon (d) Street No. Missouri State Sanatorium 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 2 yrs. 2 mos. 9 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lizzie Levins

(a) Residence, No. Arbyrd, Missouri St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 15, 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
31 1 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as Sawyer, bookkeeper, etc. WPA Worker
 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) 1935 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paragould Arkansas

FATHER 13. NAME William J. Hopper

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Tennessee

MOTHER 15. MAIDEN NAME Sarah Hayde

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Arkansas

17. INFORMANT (ADDRESS) E. McMichael, Record Clerk Missouri State Sanatorium

18. BURIAL, CREMATION, OR REMOVAL PLACE Arbyrd Mo DATE Dec 7 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Funeral Home, Arbyrd Mo

20. FILED Dec 7 1939 P A Holm Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 6, 1939 ~~19XX~~

22. I HEREBY CERTIFY, That I attended deceased from Sept. 28, 1937, to Dec. 6, 1939 ~~19XX~~

I last saw her alive on Dec. 6, 1939 Death is said to have occurred on the date stated above, at 4:35 p.m.

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

Pneumonia, Tuberculosis Date of onset 1935

Other contributory causes of importance: 23
Heart disease

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) Charles E. Freeman, M. D.
 (Address) Arbyrd, Missouri

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.

RECEIVED

District Health Officer No. 6,

District File Number

Holmes 40-83

Date Filed JAN 9 1940

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.....

Licensed Embalmer No.....

P. O. Address.....

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.