

Hopkins, Verner 1935 - 1935

Form V. B. 1-A  
**COMMONWEALTH OF KENTUCKY**  
 State Board of Health  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

PLACED OF DEATH  
 County Kenton  
 City Jefferson  
 Registration District No. 791  
 Primary Registration District No. 5907

File No. 12704  
 Registered No. \_\_\_\_\_

City Jefferson (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

8. FULL NAME Stillborn Hopkins  
 (Usual place of abode) Demersville, Ky St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If nonresident, 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				MEDICAL CERTIFICATE OF DEATH	
1. SEX <u>Male</u>	4. COLOR OR HAIR <u>White</u>	5. Single, Married, Widowed or Divorced (with the word)		21. DATE OF DEATH <u>May 1st</u> 19 <u>35</u>	
6. DATE OF BIRTH <u>May-1-1935</u>				22. I HEREBY CERTIFY, That I attended deceased from _____ to _____	
7. AGE <u>Stillborn</u>				I last saw h. alive on _____ death is said to have occurred on the date stated above, at _____	
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.				The principal cause of death and related causes of importance in order of onset were as follows:	
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.				<u>atelectasis</u>	
10. Date deceased last worked at this occupation (month and year)				Contributory causes of importance not related to principal cause:	
11. Total time (years) spent in this occupation				Name of operation _____ Date of _____	
12. BIRTHPLACE <u>Kentucky</u>				What test confirmed diagnosis? _____ Was there an autopsy? _____	
13. NAME <u>Verner Hopkins</u>				23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ date of injury _____	
14. BIRTHPLACE <u>Kentucky</u>				Where did injury occur? _____ (Specify city or town, county, and State)	
15. MAIDEN NAME <u>Cerina Culbertson</u>				Specify whether injury occurred in industry, in home, or in public place.	
16. BIRTHPLACE <u>Kentucky</u>				Manner of injury _____	
17. INFORMANT <u>Verner Hopkins</u> <u>Demersville, Ky</u>				Nature of injury _____	
18. BURIAL, CREMATION, OR REMOVAL				24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____	
19. UNDERTAKER <u>Tracy Peoples</u> <u>Jefferson, Ky</u>				(Signed) <u>T. A. Daugherty</u> M. D. (Address) <u>Independence Ky</u>	
20. FILED <u>May 3 1935</u> <u>P. C. Williams</u> Registrar					

THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.