FORM V. S. 1-800M 2-10-42

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. 14337

Registered No. 22

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

1 PLACE OF DEATH

County Oldham

Vet. Pct. Pewee Valley Registration District No. 412

Inc. Town Pewee Valley Primary Registration District No. 2416

City Confederate Home (No. Home Infirmary Ward)

2 FULL NAME Francis Marion Hopper

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: Sept 3rd (Month) (Day), 1845 (Year)

7 AGE: 72 yrs. 6 mos. 20 ds. IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Owen Co Ky

PARENTS

10 NAME OF FATHER: Geo W Hopper

11 BIRTHPLACE OF FATHER (State or country): Indiana

12 MAIDEN NAME OF MOTHER: Margaret Spaulding

13 BIRTHPLACE OF MOTHER (State or country): Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15 Filed May, 1918 R. L. Mead Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May (Month) 23 (Day), 1918 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 7, 1917, to May 23, 1918, that I last saw him alive on May 23, 1918, and that death occurred on the date stated above at 9 a.m. The CAUSE OF DEATH* was as follows:

Cancer of Stomach

(Duration) ... yrs. 5 mos. 19 ds.

Contributory (Secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) R. B. Pryor, M. D.

May 24, 1918 (Address) Crestwood Ky

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

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place of death ... yrs. 5 mos. 9 ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence Paducah Ky

19 PLACE OF BURIAL OR REMOVAL: Pewee Valley

DATE OF BURIAL: 5/24/, 1918

20 UNDERTAKER: M. A. Stone

ADDRESS: Crestwood Ky

11—3184

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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. See instructions on back of certificate.