

James Arton Hopkins - s/o Stephen Wolfenbarger & Eliza Hopkins

OCCUPATION is very important. See instructions on back of certificate.

STATE OF OHIO  
DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH  
County Warren Registration District No. 1325 File No. 6188  
Township Harlem Primary Registration District No. 6029 Registered No. 1  
or Village \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
or City of \_\_\_\_\_ (If death occurred in a hospital or institution, give its NAME instead of street and number)  
Length of residence in city or town where death occurred \_\_\_\_\_ yrs \_\_\_\_\_ mos \_\_\_\_\_ ds. New long in U. S., if of foreign birth? \_\_\_\_\_ yrs \_\_\_\_\_ mos \_\_\_\_\_ ds.

2 FULL NAME James Adam Hopkins Did Deceased Serve in U. S. Navy or Army \_\_\_\_\_  
(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M. 4. COLOR OR RACE W. 5. Single, Married, Widowed, or Divorced (write the word) married

6. If married, widowed, or divorced, name of HUSBAND or WIFE Lucinda Hopkins

6. DATE OF BIRTH (month, day, and year) Dec 1 1861

7. AGE Years 71 Months 1 Days 4 If LESS than 1 day, \_\_\_\_\_ hrs or \_\_\_\_\_ min

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W/V/V

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) Warren (State or country) \_\_\_\_\_

13. NAME Stephen Hopkins

14. BIRTHPLACE (city or town) Warren (State or country) \_\_\_\_\_

15. MAIDEN NAME Eliza Hopkins

16. BIRTHPLACE (city or town) Warren (State or country) \_\_\_\_\_

The Signature of Informant Nenny M. Hopkins and (Address) Coral Beach 44038

17. INFORMANT \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL Place known Date Dec 7 1933

19. UNDERTAKER C. D. Schelbeger (Address) \_\_\_\_\_

19a. Was body embalmed? Yes Embalmer's No. 1151A

20. FILED Jan 4 1933 Letter House Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (month, day, and year) Jan 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 30 1933 to Jan 5 1933  
I last saw him alive on Jan 5 1933 death is said to have occurred on the date stated above at 11:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:  
Stroke

CONTRIBUTORY CAUSES of importance not related to principal cause: \_\_\_\_\_

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 \_\_\_\_\_  
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? No  
If so, specify \_\_\_\_\_  
(Signed) R. H. Hayes  
Date Jan 6 1933 Address Warren, Ohio

CORRECTIONS: Middle name was ARTON instead of ADAM. Stephen Hopkins listed as father was really his grandfather who raised him. His father is believed to have been Stephen Wolfenbarger.