

OHIO DEPARTMENT OF HEALTH

52975

Reg. Dist. No. 1074
Primary Reg. Dist. No. 5652COLUMBUS
CERTIFICATE OF DEATH
Department of Commerce — Bureau of the CensusState File No. _____
Registrar's No. 3

1. PLACE OF DEATH:

(a) County Preble
(b) Gratis township
(~~Village~~ Village, Township)
(c) Name of hospital or institution:
Somerville RR#1
(If not in hospital or institution, write street No. or location)
(d) Length of stay: in hospital or institution _____ (Days)
In this community 2 months (Years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ohio (b) County Preble
(c) City or village Rural
(If outside city or village, write RURAL)
(d) Street No. RR#1, Somerville, Ohio
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.3. FULL NAME William Columbus Hopkins(a) if veteran, _____ (b) Social Security
name war _____ No. 4. Sex M 5. Color or race W 6. (a) Single, widowed, married,
divorced Divorced6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
XXXXXX alive _____ years7. Birth date of deceased January 13, 1860
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
87 5 29 hr. min.9. Birthplace Hancock County, Tennessee
(City, town, or county) (State or foreign country)10. Usual occupation Retired Farmer

11. Industry or business _____

Mother Father
12. Name Steven Hopkins
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth (Unknown)
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)16. (a) Informant's signature James A. Hopkins(b) Address Germantown, Ohio17. (a) Burial, cremation, or other; (b) Date July 14, 1947
(Month) (Day) (Year)(c) Place Germantown, Ohio(d) John A. Arpp 3918-A
(Name of Embalmer) (Lic. No.)18. (a) John Arpp 250
(Signature of Funeral Director) (Lic. No.)(b) Address Germantown, Ohio19. (a) July 13, 1947 (b) Robert J. Kuylen
(Date received by Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month July day 11
year 1947 hour 11 minute 45 AM21. I hereby certify that I attended the deceased from
7-1- 1947 to 7-11- 1947
that I last saw him in alive on 7-10- 1947
and that death occurred on the date and hour stated
above. Duration 10 daysImmediate cause of death Coronary
thrombosisDue to ArteriosclerosisDue to 830-77Other conditions
(Include pregnancy within 3 months of death)

Major findings of operation _____

Major findings of autopsy _____

Underline
the cause to
which death
should be
charged sta-
tistically.

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 Village) (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) How did injury occur? _____

23. Signature P. H. Kemper, M.D.
(Specify if Doctor of Medicine or Osteopathy)Address Germantown, O. Date signed 7-11-47MARGIN RESERVED FOR BINDING
THIS CERTIFICATE SHALL BE PRINTED LEGIBLY OR TYPEWRITTEN IN UNFADING INK.