STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

1853

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.*

1 PLACE OF DEATH

County Jackson

Civil Dist. 3

OR Village

OR City (No. , St.; Ward)

Registration District No. 44

Primary Registration District No. 3

File No.

Registered No.

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

2 FULL NAME Norman Ryker Hopkins

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
M	W	X

6 DATE OF BIRTH 3 (Month) 25 (Day) 1923 (Year)

7 AGE 5 yrs. 9 mos. 14 ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work: infant

(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Tenn

PARENTS

10 NAME OF FATHER: Asbury Hopkins

11 BIRTHPLACE OF FATHER [State or country]: Tenn

12 MAIDEN NAME OF MOTHER:

13 BIRTHPLACE OF MOTHER [State or country]: Jackson Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Asbury Hopkins

[Address] Different

15

Filed Feb 4, 192 Burns Ray REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 9 [Month] [Day] 1929 [Year]

17 I HEREBY CERTIFY, That I attended deceased from Jan 1 1929, to Jan 9, 1929, that I last saw h... alive on Jan 9, 1929, and that death occurred, on the date stated above, at 4 A M

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

100a

[Duration] ..... yrs. ..... mos. ..... ds.

Contributory [SECONDARY]

[Duration] ..... yrs. ..... mos. ..... ds.

Signed Chas W. Parkinson M. D.

Jan 14, 192 9 Address Different

* 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. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Corp Grove — DATE OF BURIAL 1-10 192...

20 UNDERTAKER G. F. McRussell — ADDRESS Different