

1 PLACE OF DEATH  
COUNTY OF **ESMERALDA**

TOWN OF **Esfield**  
OF  
CITY OF \_\_\_\_\_

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

NEVADA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
DUPLICATE CERTIFICATE OF DEATH

State Index No. \_\_\_\_\_  
LOCAL REGISTERED NO. **120**

(If death occurred in a hospital or institution, give the NAME, number of street and number, and S.I. no. 18.)

Full Name **Sarah Margaret Hopkins**

PERSONAL AND STATISTICAL PARTICULARS

2 SEX **female** 4 COLOR OR RACE **white** 5 SPECIES OF DISEASE **meningitis**  
(Write the word)  
6 DATE OF BIRTH **April 4, 1867**  
(Month) (Day) (Year)  
7 AGE **75** **16** **16**  
years months days If less than 1 day

8 OCCUPATION  
(a) Trade, profession or particular kind of work  
(b) General nature of industry, business or establishment in which employed (or employer)  
**Housewife**

9 BIRTHPLACE (State or country) **Sullivan, Indiana**

PARENTS  
10 NAME OF FATHER **Wm. Marlowe**  
11 BIRTHPLACE OF FATHER (State or country) **Unknown**  
12 MAIDEN NAME OF MOTHER **Rachel Jordan**  
13 BIRTHPLACE OF MOTHER (State or country) **Unknown**

14a LENGTH OF RESIDENCE  
At place of death \_\_\_\_\_ years \_\_\_\_\_ months  
In Nevada **4** years \_\_\_\_\_ months

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) **Frances Stender**  
(Address) **Esfield, Nevada**

15  
Filed **6-29-42**  
Secretary **John E. Gray, M.D.**  
Registrar/Deputy

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH **April 29, 1942**  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from **August 10, 1941** to **April 26, 1942**  
that I last saw **her** alive on **April 20, 1942**

and that death occurred on the date stated above at **5:20 P.M.**  
The CAUSE OF DEATH\* was as follows:  
**Cerebro-meningeal meningitis repeated**

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Contributory **Senility**  
(Secondary)

(Signed) **John E. Gray** M. D.  
**4-21-42** (Address) **Esfield, Nev.**

\*State the Disease (Giving Site, or, its location from Tolson's Census, state (1) Name of Organ; and (2) whether Acute, Chronic, or Recurrent)

18 SPECIAL INFORMATION only for Hospitals, Institutions, Theatres, or Public Buildings  
Where was disease contracted? \_\_\_\_\_  
Time long at \_\_\_\_\_  
Place of death \_\_\_\_\_  
Date \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL **Esfield, Nev.** DATE OF BURIAL **4-29-1942**  
20 UNDERTAKER **W. J. Moore** ADDRESS **Esfield, Nev.**