

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

27 1928

1. PLACE OF DEATH

County Madison
Township St. Francis
City..... (No..... St..... Ward)

Registration District No. 538
Primary Registration District No. 5724

File No. 27879
Registered No.

2. FULL NAME

Willie Copeland

(a) Residence. No..... St..... Ward.....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ruth Mitchell Copeland

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 25 - 1899

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
29 July 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Wm Copeland

11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Mary Pickett

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) Mo.

14. INFORMANT J. B. Copeland
(Address) Fredericktown R. D. 5.

15. Aug 31 19 28 U. H. Aust
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 24 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1928, to Aug 14, 1928 that I last saw him alive on Aug 12, 1928 and that death occurred, on the date stated above, at 4:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Nocardia
28A
2313
(duration)..... yrs..... mos. 2 da.
(CONTRIBUTORY) Pulmonary Tuberculosis
(SECONDARY) (duration) 2 yrs..... mos..... da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?.....
8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
WAS THERE AN AUTOPSY?.....
WHAT TEST CONFIRMED DIAGNOSIS.....
(Signed) J. C. Langford, M. D.
Aug 14, 1928 (Address) Fredericktown

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Little Nine DATE OF BURIAL Aug. 15 1928

20: UNDERTAKER None ADDRESS

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.

