

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

Do not use this space.

- 2351

1. PLACE OF DEATH

County Barry Registration District No. 658
 Township Barry Primary Registration District No. 5875
 City Lithium (No.) St. Ward

2. FULL NAME

(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 W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 5, 1930

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.
8

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Lithium (STATE OR COUNTRY) Mo. 1

10. NAME OF FATHER W. G. Coppaway

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

12. MAIDEN NAME OF MOTHER Mary Carson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Barry Co. (STATE OR COUNTRY) Mo. 1

14. INFORMANT W. G. Coppaway (Address) Lithium Mo.

15. FILED Jan 4 1931 F. F. Fish REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 4 1931

17. I HEREBY CERTIFY That I attended deceased from Dec 28 1930 to Jan 4 1931 that I last saw him alive on Jan 3 1931 and that death occurred, on the date stated above, at 2 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

79A Meningitis (duration) yrs. mos. 3 da.

CONTRIBUTORY (SECONDARY) Dentition (duration) yrs. mos. 30 da.

18. WHERE WAS DISEASE CONTRACTED Mo IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH. DATE OF

WAS THERE AN AUTOPSY

WHAT TEST CONFIRMED DIAGNOSIS (Signed) D. L. Fish M. D. 1-4, 1931 (Address) Barryville Mo

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Creston Cemetery DATE OF BURIAL Jan. 5 1931

20. UNDERTAKER Bay Undertaking Co ADDRESS Barryville Mo.

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.

