

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.

JUN 24 1936

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

Do not use this space.

20174

## 1. PLACE OF DEATH

County Wentworth Registration District No. 609  
Township \_\_\_\_\_ Primary Registration District No. 4363  
City Nesho (No. State Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 69

## 2. FULL NAME

Alexander Carl Coppedge  
(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Coppedge</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feby 25 1869</u>		
7. AGE	YEARS	MONTHS
	<u>67</u>	<u>2</u>
		DAYS
		<u>24</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
MOTHER FATHER	13. NAME <u>James Coppedge</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>	
	15. MAIDEN NAME <u>Stephany Frank</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>South Carolina</u>	
17. INFORMANT <u>Mrs Mary Coppedge</u> (ADDRESS) <u>Nesho Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Shoon Cem</u> DATE <u>May 20 1936</u>		
19. UNDERTAKER <u>Bryhanis</u> (ADDRESS) <u>Nesho Mo</u>		
20. FILED <u>5-21</u> 1936 <u>Small D. Cole, D.D.</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1936, to May 19, 1936  
I last saw him alive on May 19, 1936. Death is said to have occurred on the date stated above, at 11-A m.  
The principal cause of death and related causes of importance were as follows:  
Fractured skull - crushed chest - broken right arm - broken right leg - broken right ankle caused by being kicked and trampled by a horse  
Date of onset \_\_\_\_\_

Other contributory causes of importance \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Accident Date of injury May 19, 1936  
Where did injury occur? near Nesho Mo  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. At home

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Orval Atch, M. D.  
(Address) Nesho Mo

