

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

Do not use this space.

JUL 14 1936

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis** (No. **Beaconess Hosp.** St. \_\_\_\_\_ Ward)  
Registered No. **24189**  
**5781**

2. FULL NAME

(a) Residence, No. **Stephen Copeland** Su. **NP** Ward. **Dixon, Mo.**  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. **7** ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Mrs. Pine Copeland**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 27, 1866**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**69 6 5**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Hotel Proprietor**

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) **Mary County Mo.**

13. NAME **Jake Copeland**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

15. MAIDEN NAME **Emily Henson**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Mrs. Nancy Wilson**  
(ADDRESS) **3323 McFarland**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Dixon, Mo.** DATE **6-3-36**

19. UNDERTAKER **Albert N. Happe**  
(ADDRESS) **429 N. 1st St. St. Louis**

20. FILED **JUN 2 1936** **J. Brecht**  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 1<sup>st</sup> 1936**

22. I HEREBY CERTIFY, that I attended deceased from **May 28 1936** to **June 1<sup>st</sup> 1936**  
I last saw him alive on **June 1<sup>st</sup> 1936** Death is said to have occurred on the date stated above, at **11:40 a.m.**  
The principal cause of death and related causes of importance were as follows:

**Sup. unaided**  
**hemorrhage.**

Date of onset  
**82**

Other contributory causes of importance:  
**Hypertension 1 yr**

Name of operation **none** Date of \_\_\_\_\_  
What test confirmed diagnosis? **Clinical** Was there an autopsy? **No**

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

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

24. Was disease or injury in any way related to occupation of deceased? **No**  
If so, specify \_\_\_\_\_  
(Signed) **P. B. Cassel**, M. D.  
(Address) **3239 Burnham Ave**

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.

