

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.

Lebanon MAY 17 1937

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

Do not use this space.

15641

1. PLACE OF DEATH
County Bates Registration District No. 53
Township New Home Primary Registration District No. 5884
City (No. St. Ward)

2. FULL NAME William Jasper Copeland
(a) Residence, No. R 701 Rich Hill, Mo. (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 Male
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 Sarah K. Copeland
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16 1864
7. AGE YEARS 72 MONTHS 11 DAYS 20 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
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) Missouri
13. NAME Salomon Copeland
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
17. INFORMANT Alfred Copeland
(ADDRESS) Rich Hill, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood DATE April 7 37
19. UNDERTAKER Booths Rich Hill Mo.
(ADDRESS)
20. FILED May 17 1937 James Allen Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 16 1937
22. I HEREBY CERTIFY, That I attended deceased from Mar 20 1937, to Apr 15 1937
I last saw him alive on Apr 15 1937. Death is said to have occurred on the date stated above, at 10 A. m.
The principal cause of death and related causes of importance were as follows:
Myocarditis of coronary arteries
Chronic interstitial nephritis
Other contributory causes of importance: 131
Name of operation
What test confirmed diagnosis? Chemical & Path. neg.
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury
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 no
(Signed) W. H. Hamaker, M. D.
(Address) Lebanon

Booths

Rich Hill

