

MAY 19 1937

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

Do not use this space.

## 1. PLACE OF DEATH

31 County... Daviess  
Township... Union  
City..... (No....., St..... Ward)

Registration District No. 250  
Primary Registration District No. 5348

File No. 16196  
Registered No. 16

2. FULL NAME... Anna Mary Cope

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

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
81 0 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home  
10. Date deceased last worked at this occupation (month and year) Dec. 1936 11. Total time (years) spent in this occupation. Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania13. NAME James Highlands14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania15. MAIDEN NAME Mary Stough16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania17. INFORMANT Mrs. Harley Brown  
(ADDRESS) Gallatin, Missouri

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Brown Cemetery DATE April 24, 193719. UNDERTAKER Hope Furn. & Undt. Co.,  
(ADDRESS) Gallatin, Missouri20. FILED Apr. 23 1937 H. A. Cope  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22 193722. I HEREBY CERTIFY, That I attended deceased from April 22 1937 to April 22 1937I last saw her alive on April 22 1937. Death is said to have occurred on the date stated above, at 11:30 PM

The principal cause of death and related causes of importance were as follows:

Mitral regurgitation Date of onsetOther contributory causes of importance: 92Debility of age

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) L. R. Doolittle, M. D.(Address) Gallatin, Mo.

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

100

[Faint, illegible text covering the majority of the page]