

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

Do not use this space.

1. PLACE OF DEATH  
 62 Country Madison Registration District No. 338  
 Township St. Michael Primary Registration District No. 5723  
 City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward) \_\_\_\_\_  
 2. FULL NAME Wm E. Copher 160  
 (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.

3398

File No. \_\_\_\_\_  
 Registered No. 4  
 St. \_\_\_\_\_ Ward) \_\_\_\_\_

**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 Amanda Copher  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 30 - 1851  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
86 11 16  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer  
 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) Illinois  
 13. NAME Joshua Copher  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sanit Knaw  
 15. MAIDEN NAME Sanit Knaw  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sanit Knaw  
 17. INFORMANT Fred Copher  
 (ADDRESS) Fredericktown Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Amanda Mattie DATE Jan. 17 1938  
 19. UNDERTAKER E. H. Weible  
 (ADDRESS) Fredericktown Mo  
 20. FILED Jan 17 1938 S. C. Slaughter Registrar. 491

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 16 1938  
 22. I HEREBY CERTIFY That I attended deceased from Jan 16 1938 to Jan 16 1938  
 I last saw h. alive on Jan 16 1938 Death is said to have occurred on the date stated above, at 11:00 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Coronary obstruction Date of onset \_\_\_\_\_  
 Other contributory causes of importance Myocardial with arteries Sclerosis  
 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) Alberty (Barrow) M. D.  
Fredericktown  
No

Ray C. D. Schwaner.

132a

RECEIVED

FEB 28 1938

BUREAU OF VITAMIN STUDIES  
MO. STATE BOARD OF HEALTH

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

3398  
Do not use this space.

1. PLACE OF DEATH

(a) County Madison Registration District No. 5-38  
(b) Township St. Michail Primary Registration District No. 5723 Registered No. ....  
(c) City ..... (d) Street No. .... St. ....  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Wm. E. Copher

(a) Residence, No. .... St.  (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
86 1 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ....  
9. Industry or business in which work was done, as 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... to, 19.....

I last saw h ..... alive on, 19..... Death is said to have occurred on the date stated above, at ..... m.

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

Date of onset

Other contributory causes of importance:

nephritis with  
arteriosclerosis  
Chronic nephritis

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? .....

If so, specify  
(Signed) W. Harry Barron, M. D.  
(Address) Federicktown Mo

1938  
S-5578