REC'D JUN 9 1938

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

791

16420
Do not use this space.

1003

4281

1. PLACE OF DEATH 2720 Sheridan
   (a) County ..... 2 Registration District No. .....
   (b) Township ..... 1 Primary Registration District No. ..... Registered No. .....
   (c) City City (d) Street No. 2720 Sherdian Ave. 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 John Copeland 145
   (a) Residence, No. 2720 Sherdian Ave. St. 21
   (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: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 10, 1911

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
26	6	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Labor
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) 11-5-37
11. Total time (years) spent in this occupation 5 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISS.

FATHER
13. NAME ROBERT COPELAND
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISS.

MOTHER
15. MAIDEN NAME EULA WHITE
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISS.

17. INFORMANT (ADDRESS) Eula Robinson 2720 Sherdian Ave.

18. BURIAL, CREMATION, OR REMOVAL Cem.
PLACE Washington Park DATE 5-10 1938

19. FUNERAL DIRECTOR (ADDRESS) E. L. GARNER 2829 WASHINGTON AVE.

20. FILED MAY 10 1938 J. F. Biedeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1938, to May 5, 1938, 19
I last saw him alive on May 4th, 1938. Deceased said to have occurred on the date stated above, at 10:20 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease	1-1-38
Myocardial Decompensation	

Other contributory causes of importance:

Name of operation ..... 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) Robert M. Scott M. D.
(Address) 2839 A Decklane, St.

(Licensed Embalmer's Statement on Reverse Side)

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.

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STATEMENT BY LICENSED EMBALMER

I, Hilding Silfverston, Licensed Embalmer No. 3885

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E. H. Silfverston

No. 3886 or by —, Registered Apprentice No.

working under my personal supervision.

Signed Hilding Silfverston

Licensed Embalmer No. 3885

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)