REC'D DEC 13 1938

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

39955
Do not use this space.

1. PLACE OF DEATH
(a) County Nodaway (b) Township Polk (c) City
Registration District No. 625
Primary Registration District No. 3-827
Registered No. 113
(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 145 Thomas J. Copeland
(a) Residence, No. Maryville, Mo. R. F. D. 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 5 1869

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
69	9	11	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Platte county, Mo

FATHER
13. NAME Joel Copeland
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East Leavenworth, Mo.

MOTHER
15. MAIDEN NAME Sarah Olvis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East Leavenworth Mo.

17. INFORMANT LeRoy Copeland
(ADDRESS) Maryville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Camden Point, Mo DATE Nov. 18 1938

19. FUNERAL DIRECTOR (NAME) Cummins Furn. Co.
(ADDRESS) Maryville, Mo.

20. FILED Nov 17 1938 Mamie E Clardy
Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 11-16, 1938, to 11-16, 1938
I last saw him alive on 11/16, 1938. 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
Cerebral hemorrhage	

Other contributory causes of importance:
hypertension
Arteri-sclerosis

Mo
Name of operation Date of
What test confirmed diagnosis? 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) Leon E. Egley, M. D.
(Address) Maryville, Mo.

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(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.

STATEMENT BY LICENSED EMBALMER.

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. 1675

P. O. Address Maryville Mo

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

If this body is not embalmed, above space should be left blank.