DEC'D JAN 24 1939

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

Do not use this space.

1. PLACE OF DEATH
County Stoddard
Township Highland
City Buffington (No. ..... St. ..... Ward)

Registration District No. 6-3
Primary Registration District No. 4357

File No. 44686
Registered No. 9

2. FULL NAME Avery 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 3 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 White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-17-1888

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
49	4	12	

OCCUPATION
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) Blodgett Missouri 0

FATHER
13. NAME Bill Cope
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mayfield Kentucky 1

MOTHER
15. MAIDEN NAME [illegible]
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) John Cope [illegible]

18. BURIAL, CREMATION, OR REMOVAL
PLACE Silver Hill DATE 4-30 1939

19. UNDERTAKER (ADDRESS) Alvin Parrish [illegible]

20. FILED ....., 19 John Parrish Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-29- 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-28- 1936, to 4-29- 1936
I last saw him alive on 4-28- 1936 Death is said to have occurred on the date stated above, at 12 a.m.
The principal cause of death and related causes of importance were as follows:

Double Labor Pneumonia — Date of onset 4-20-36

Other contributory causes of importance: Influenza

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) S. S. Davis, M. D.
(Address) Dexter Mo

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.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

44686
Do not use this space.

1. PLACE OF DEATH
(a) County Stoddard — Registration District No. 839
(b) Township Richland — Primary Registration District No. 6101 — Registered No. 5
(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 3 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Avery Cope
(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: Edith Cope
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 12 - 17 - 1888
7. AGE: YEARS 49 — MONTHS 4 — DAYS 12 — If LESS than 1 day, ... hrs. or ..... min.

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): Blodgett Mo

FATHER
13. NAME: Bill Cope
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mayfield Kentucky

MOTHER
15. MAIDEN NAME: Josie [illegible]
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): John Cope Canalou Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE: Silent Hill DATE: 4-30, 1938
19. FUNERAL DIRECTOR (ADDRESS): Albritton-Parrish Morehouse Mo
20. FILED: 3-7, 1939 J P Brandon Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4 - 29, 1936
22. I HEREBY CERTIFY, That I attended deceased from 4 - 28, 1936 to 4 - 29, 1936
I last saw him alive on 4 - 28, 1936. Death is said to have occurred on the date stated above, at 1:25 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Double Lobar Pneumonia	

Other contributory causes of importance:
Influenza

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) S. S. Davis, M. D.
(Address) Dexter Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.