

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

Do not use this space.

27349

**1. PLACE OF DEATH**

County Jackson Registration District No. 399 File No. 3027  
 Township Kaw Primary Registration District No. 1002 Registered No. 3027  
 City Kennett (No. Mersey Hospital) St.          Ward         

**2. FULL NAME** Rose Mary Copeland

(a) Residence. No. 2815 Elmwood 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. 14 da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX 7 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-21 1927

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

17. I HEREBY CERTIFY, That I attended deceased from Sept. 19 1927 to Sept 21 1927, that I last saw her alive on Sept. 20 1927, and that death occurred, on the date stated above, at 3:32 a. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 20, 1924

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
3 9 1                           

Pneumonia, Lobar  
108

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work none  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

CONTRIBUTORY (SECONDARY) 1010

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

10. NAME OF FATHER Elmer Copeland

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kansas

WHAT TEST CONFIRMED DIAGNOSIS?

12. MAIDEN NAME OF MOTHER Grace McManus

(Signed) H. L. Dwyer, M. D.

(Address) 214 Med. Bldg. Kennett Mo

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kansas

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. OMH

14. INFORMANT (Address) Elmer Copeland  
2815 Elmwood Av

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Int. Washington

DATE OF BURIAL Sept. 23 1927

15. FILED 9/21 1927 M. M. Crowe REGISTRAR

20. UNDERTAKER Mrs. E. L. Foster

ADDRESS Kennett Mo.

K. 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.

