

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

Do not use this space.

3412

1. PLACE OF DEATH

County.....

Registration District No. **791**

File No.

Township.....

Primary Registration District No. **1003**

Registered No. **1042**

City **St. Louis** (No. **Mo. Baptist Sanitarium** St. Ward)

2. FULL NAME

Lloyd Lawrence Copeland

(a) Residence. No. **Madisondale, Ill.** St. **14** 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

2. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED **Married**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Oct 28-1901**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
26 **3** **-**

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Salesman**
(b) General nature of industry, business, or establishment in which employed (or employer) **American Book Co.**
(c) Name of employer

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

10. NAME OF FATHER **Lot J. Copeland**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Ellington**
(STATE OR COUNTRY) **Missouri**

12. MAIDEN NAME OF MOTHER **Eva May Johnson**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Ellington**
(STATE OR COUNTRY) **Missouri**

14. INFORMANT **Gerald A. French**
(Address) **94-28th St. Milwaukee Wisc**

15. FILED **Mar 6 Starkoff**
REGISTERED

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Jan 28** 19**28**

17. I HEREBY CERTIFY, That I attended deceased from **Nov 7**, 19**27**, to **Jan 28**, 19**28**, that I last saw him alive on **Jan 27**, 19**28**, and that death occurred, on the date stated above, at **7 a. m.**

THE CAUSE OF DEATH WAS AS FOLLOWS:

Meningitis, Tuberculous
24A
301 W. W.
1939 (duration) yrs. **1** mos. da.
CONTRIBUTORY **Tuberculous Kidney**
(SECONDARY) (duration) **2** yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED **Carbondale Ill**
IF NOT AT PLACE OF DEATH.

1. DID AN OPERATION PRECEDE DEATH? **yes** DATE **Nov 22/27**
WAS THERE AN AUTOPSY? **no** (preautopsy)

WHAT TEST CONFIRMED DIAGNOSIS **Clinical signs & spinal puncture**
(Signed) **Joseph E. Glenn, M. D.**
, 19 (Address) **958 Arcade Bldg.**

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Ellington, Mo.** DATE OF BURIAL **Jan 29 1928**

20. UNDERTAKER **Granger** ADDRESS **9621 Ellis**

M. 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.

Dr. H. H. H. H.
Caldwell B. H. H.
10:30 - 3:30 pm