

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

Do not use this space.
Bedford
12710
File No. _____
Registered No. 106

106
MAY 31 1928

1. PLACE OF DEATH

County Jefferson Registration District No. 213
Township _____ Primary Registration District No. 3014
City Jefferson (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward. Vienna Mo
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 7 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---|--|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>white</u> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u> |
| 5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rachel Holman</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct 2 - 1847</u> | | |
| 7. AGE | YEARS <u>80</u> | MONTHS <u>6</u> |
| | DAYS <u>9</u> | IF LESS than 1 day, _____ hrs. or _____ min. |
| 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Retired</u> (c) Name of employer <u>Maries Co</u> | | |
| 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u> | | |
| PARENTS | 10. NAME OF FATHER <u>J. J. Copeland</u> | |
| | 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u> | |
| | 12. MAIDEN NAME OF MOTHER <u>Melinda Saubles</u> | |
| 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u> | | |
| 14. INFORMANT (Address) <u>J. J. Copeland Lockport, Mo</u> | | |
| 15. FILED <u>4-18-28</u> <u>S. Bedford</u> REGISTRAR | | |

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 11 28

17. I HEREBY CERTIFY That I attended deceased from _____, 1928, to Apr 11 28, 1928 that I last saw him alive on Apr 11 28, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Uremia due to gland enlarged prostate and suppression of urine (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 137 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 1312
IF NOT AT PLACE OF DEATH 13019

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS (Signed) S. Bedford, M. D.
(Address) J. C. Inc.

*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.

20. PLACE OF BURIAL, CREMATION OR REMOVAL Vienna Cem DATE OF BURIAL 4/12 28

21. UNDERTAKER Sawson Pinner ADDRESS J. C. Mo

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.

