

ST 20 1928

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

31212

1. PLACE OF DEATH

County Newton
Township Manion
City (No.) St. Ward

Registration District No. 115
Primary Registration District No. 5-17

File No.
Registered No. 21

2. FULL NAME

Ida M. Copeland

(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 30 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

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

Amber M. Copeland

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

Mar. 24-1874

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
34	5	13	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Shelby Co. Ill.

10. NAME OF FATHER

Fred Roadarmel

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER

Rustis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Ohio

14.

INFORMANT (Address) A. M. Copeland

FILED 9-8-1928 Diamond Mo. R-1 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 7 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1928, to Sept. 7, 1928, that I last saw her alive on Sept. 3-30, 1928, and that death occurred, on the date stated above, at 3-30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis
131 (duration) one yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No. DATE OF.....

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Urine

(Signed) R. F. Chatham, M. D.

, 19 (Address) Diamond Mo.

*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

Diamond Cemetery DATE OF BURIAL Sp. 9th 1928

20. UNDERTAKER

J. C. Sutter

ADDRESS Diamond 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.

