

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JAN 23 1929

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

Do not use this space.

40249

1. PLACE OF DEATH

County Greene

Registration District No. 318

File No.

Township Springfield

Primary Registration District No. 2001

Registered No. 898

City Springfield (No. 2150 N. Summit)

St. Ward)

2. FULL NAME

Loren Ralph Cope

(a) Residence. No. 2150 N. Summit 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. 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)

Single

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

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

May 15-1928

7. AGE

YEARS 0 MONTHS 7 DAYS 9 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child at Home

(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) Mo.

10. NAME OF FATHER

E. L. Cope

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER

Etta Marcum

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo.

14.

INFORMANT

(Address) Springfield Mo.

15.

Filed 12/26/28 19...

W. C. Horst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

12-24 1928

17.

I HEREBY CERTIFY, That I attended deceased from 12-12, 1928, to 12-23, 1928, that I last saw him alive on 12-23, 1928, and that death occurred, on the date stated above, at 4 17 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchopneumonia
11913
10773 B (duration) yrs. 1/2 mos. ds.

CONTRIBUTORY (SECONDARY)

Acute interst. nephritis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) Urban B. Cressk, M. D.

12/24, 1928 (Address) 401 St Louis St

*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

DATE OF BURIAL

Hagewood Cemetery

Dec 25 1928

20. UNDERTAKER

J. W. Klingner & Co. ADDRESS 1240 1/2 St. Springfield Mo.

4