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

Do not use this space. 74

34695

1. PLACE OF DEATH
County Phelps — Registration District No. 678 — File No.
Township St James — Primary Registration District No. ~~4404~~ 5904 — Registered No.
City (No. St. Ward)

2. FULL NAME Amanda J 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 50 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): Widowed ~~Divorced~~

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 5 - 1855

7. AGE: 74 YEARS — MONTHS 5 — DAYS 9 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St James
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Jack Cane
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Mary McKinney
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo

14. INFORMANT O M Matlock
(Address) St James Mo

15. FILED 10-17 1929 Henry F. Wolters REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-14 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 1925 to Oct 14 1929 that I last saw her alive on Oct 13 1929 and that death occurred, on the date stated above, at 11 05 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes Mellitus

(duration) 4 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

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? Clinical

(Signed) William H Beeler, M. D.
10/14/1929 (Address) St James 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: Matlock Cem — DATE OF BURIAL: 10-18 1929

20. UNDERTAKER: W E Lickleder — ADDRESS: St James Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

1929 81 23

STATE OF MISSOURI)
) SS.
COUNTY OF COLE)

I, W. E. Licklider, being an undertaker at St.James, Missouri, hereby certify that in filling out the Death Certificate of Amanda J. Copeland, of St. James, Missouri, that I stated on said death certificate that the deceased was born on May 5, 1855, and that her age was 74 years, five months and nine days, and I should have stated that the date of her birth was May 5, 1875, and that her age at time of death was 54 years, five months and nine days.

Therefore, I wish to have placed on the Death Certificate the corrected date which is May 5, 1875 and the correct ~~date~~ age of 54 years, five months and nine days.

W. E. Licklider

Subscribed and sworn to before me this 29th day of November, 1929.

My commissioner expires 2 day of May 1933

A. J. Kremer
Notary Public.

1929
34695

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

1. PLACE OF DEATH
County Phelps Registration District No. 678 File No.
Township Primary Registration District No. 5904 Registered No.
City St. James (No. ; St. Ward)

2. FULL NAME Amanda J. 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fi
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) Wid

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 5-1875

7. AGE YEARS 54 MONTHS 5 DAYS 9 If LESS than 1 day, hrs. or min.

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)

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY)

14. INFORMANT O. M. Matlock
(Address) St. James Mo.

15. FILED 11-30, 1929 Henry F. Wolters REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-14 1929

17. I HEREBY CERTIFY, That I attended deceased from 19 to 19 that I last saw h alive on 19, and that death occurred, on the date stated above, at 10.05 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Diabetis Mellitis

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) William H. Bruner M. D.
, 19 (Address) St James 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 Matlock Cem. DATE OF BURIAL 10/15 1929

20. UNDERTAKER W. E. Lecklider St. ADDRESS St James Mo

SUPPLEMENTARY

1929
34695