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

Do not use this space.

85

36449

File No.

Registered No. 1372

1. PLACE OF DEATH

County: Buchanan — Registration District No.

Township — Primary Registration District No. 1001

City: St. Joseph. (No. St. Joseph's Hosp. St. Ward)

2. FULL NAME Jerry D. Copeland

(a) Residence. No. St., Ward. Wathena, Kansas
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
~~Single~~ ~~White~~ Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 12, 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	2	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Fruit Inspector
(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) Wathena, Ks.

PARENTS
10. NAME OF FATHER Jerry M. Copeland
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Mo.
12. MAIDEN NAME OF MOTHER Alwilda Lemison
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Gary, Ks.

14. INFORMANT Mrs. J. M. Copeland
(Address) Wathena, Ks.

15. FILED Nov 30 1929 John G. Ott REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/28 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1929, to Nov. 28, 1929, that I last saw him alive on Nov. 28, 1929, and that death occurred, on the date stated above, at 11 45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Encephalitis Lethargica

17
11B (duration) yrs. mos. 14 ds.

CONTRIBUTORY (SECONDARY) Influenza — (duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Wathena, Kans
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy Exam.
(Signed) J. G. Humphrey Jr., M. D.
11/30, 1929 (Address) 825 Charles St. St. Jo. 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: Wathena, Kansas — DATE OF BURIAL: Dec. 1, 1929

20. UNDERTAKER: H. Meirhoffer — ADDRESS: 1302 Faraon St.

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.