

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

Do not use this space.

2007

1. PLACE OF DEATH  
 County Livingston, Registration District No. 5-14  
 Township Monroe, Primary Registration District No. Livingston 73  
 City (No. 36813) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 Registered No. 136  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Franklin Cople,  
 (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 40 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. WIDOWED (write the word) Widowed,  
 5A. IF WIDOWED HUSBAND OF Frances Cople,  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. -11th. -1845  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
85 3 21  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Retired,  
 (b) General nature of industry, business, or establishment in which employed (or employer) Retired,  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana.  
 10. NAME OF FATHER Peter Cople,  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not Known,  
 12. MAIDEN NAME OF MOTHER Not Known,  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not Known,

14. INFORMANT Mrs. Ida Dean,  
 (Address) Ludlow, Mo.  
 15. FILED 1/2, 1931 Geo. Moore  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 21, 1931  
 17. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1930 to Jan 1, 1931  
 that I last saw him alive on Jan 1, 1931, and that death occurred, on the date stated above, at 3:45 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Coronary Thrombosis,  
87%  
 (duration) yrs. mos. ds. 4

18. WHERE WAS DISEASE CONTRACTED Place of Death  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS J. Moore  
 (Signed) Geo. Moore M. D.  
1/2, 1931 (Address) Ludlow

\*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  
McCroskie Cemetery, Jan. 3rd. 1931  
 20. UNDERTAKER ADDRESS  
E. P. Michael - Drayner, Mo.

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.

80 20 1931

