

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.

JUN 27 1931

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

Do not use this space.

18757

1. PLACE OF DEATH
 77) County New Madrid Registration District No. 567
 Township St John Primary Registration District No. 5803
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Harvey Copper
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 23 - 1931
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 2 hrs.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Madrid Mo
 13. NAME _____
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 15. MAIDEN NAME Ida Copper
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 17. INFORMANT (ADDRESS) H Frank Jones East Prairie Mo
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Logwood DATE May 24 1931
 19. UNDERTAKER (ADDRESS) no undertaker
 20. FILED May 28 1931 Huff m/Hook Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23 1931
 22. I HEREBY CERTIFY, That I attended deceased from May 23 1931 to May 23 1931
 I last saw him alive on May 23 1931. Death is said to have occurred on the date stated above, at 5:00 m.
 The principal cause of death and related causes of importance were as follows:
Premature
 Date of onset _____
 159 159
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? ✓ Was there an autopsy? ✓
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19 _____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) George W. Whiteside, M. D.
 (Address) East Prairie Mo

