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.

JUL 28 1931

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

Do not use this space.

22594

1. PLACE OF DEATH

County St. Francois — Registration District No. 779 — File No.

Township Randolph — Primary Registration District No. 6024a. — Registered No.

City Desloge (No. , St. Ward)

2. FULL NAME Ida Virginia Coppedge

(a) Residence, No. Desloge Mo St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28-1929

7. AGE: YEARS 2 — MONTHS 3 — DAYS 7 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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) Desloge Mo.

FATHER
13. NAME Guy Coppedge
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salem Missouri

MOTHER
15. MAIDEN NAME Edith Swiney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Slago Missouri

17. INFORMANT (ADDRESS) Guy Coppedge Desloge Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Cedar falls DATE June 7 1931

19. UNDERTAKER (ADDRESS) C. Z. Boyer Desloge Missouri

20. FILED June 23 1931 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/5, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1931, to 6/5, 1931
I last saw her alive on 6/5, 1931. Death is said to have occurred on the date stated above, at 2 P.m.
The principal cause of death and related causes of importance were as follows:

Scarlet Fever — Date of onset

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? clinical Was there an autopsy? no

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?
If so, specify
(Signed) W. P. Duckworth, M. D.
(Address) Desloge Mo