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

Do not use this space.

32270

1. PLACE OF DEATH
County: St Clair
Township: Osceola
City: ..... (No. ..... St. ..... Ward)

Registration District No. 765
Primary Registration District No. 6266

File No. .....
Registered No. 20

2. FULL NAME: George Harvey Copenhaver

(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.

OCT 26 1931

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 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impor

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Letha Mae Brown Copenhaver

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 7 1902

7. AGE: Years 29 | Months 6 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: D
10. Date deceased last worked at this occupation (month and year): Never
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Clair Co Mo

FATHER
13. NAME: Hanson Copenhaver
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Clair Co Mo

MOTHER
15. MAIDEN NAME: Bertha Mae Harper
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Clair Co Mo

17. INFORMANT (ADDRESS): Bertha M Copenhaver

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Osceola Cem DATE: Oct 1 1931

19. UNDERTAKER (ADDRESS): McClung Austin

20. FILED: 10/1 1931 Ruth Sievers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 29 1931

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw him ..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

Accidentally killed by mowing machine on hay rake — Something struck him on head - his team ran

Date of onset

Other contributory causes of importance:

ran in a hay field when hitched to a hay rake

Name of operation: ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Sept 29 1931

Where did injury occur? In house of Mr Brown
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
In industry

Manner of injury: Struck causing injury to head

Nature of injury: Lacerations of head & face

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. M. Sullivan, M. D.

(Address) Coroner