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

Do not use this space.

1. PLACE OF DEATH
County: Franklin
Township: Boone
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 1104
Primary Registration District No. 5415 C

File No. 37357
Registered No. 14

2. FULL NAME: Eileen Ferne Copeland

(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

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 5 - 1931

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	1	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: ✓
(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): Ussuri Mo

PARENTS

10. NAME OF FATHER: Otto Copeland
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Monroe Co Mo
12. MAIDEN NAME OF MOTHER: Sylvia Schwacke
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Gerald Mo

14. INFORMANT: Otto Copeland
(Address): Ussuri Mo

15. FILED 11-27, 1931. W. P. Fitzgerald M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 27 1931

17. I HEREBY CERTIFY, That I attended deceased from Nov 4, 1931, to Nov 27, 1931, that I last saw h. W. alive on Nov 26, 1931, and that death occurred, on the date stated above, at 7 30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gastro Enteritis
119B
119
(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY): ✓
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Her Home

O DID AN OPERATION PRECEDE DEATH? No DATE OF ✓

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) L. A. Stanberry M.D.
Nov 27 1931 (Address) Ussuri 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: New Prandshik Cem
DATE OF BURIAL: Nov. 29 1931

20. UNDERTAKER: Lane & Meyer
ADDRESS: Gerald Mo

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.

DEC 22 1931

[illegible] WITH UNFADING INK—THIS IS A PERMANENT RECORD