

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

Do not use this space.

4536

1. PLACE OF DEATH

48
5
2
County Jackson Registration District No. 398
Township B. 1st Primary Registration District No. 30.19
City Independence, Mo. St. _____ Ward _____

2. FULL NAME

Wm Barton Copman
(a) Residence, No. 1312 W. Walnut Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
Registered No. 48
St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widowed</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 26 1859</u>		
7. AGE	YEARS <u>73</u>	MONTHS <u>0</u>
	DAYS <u>10</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. <u>Farmer.</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farm.</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Jan. 28 32</u>	11. Total time (years) spent in this occupation <u>55</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Appanoose Co. Iowa</u>		
FATHER	13. NAME <u>John T. Copman</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jefferson 31</u>	
MOTHER	15. MAIDEN NAME <u>Susan A. Croft</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Wm Jones</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Magnolia Town</u> DATE <u>Feb. 10 32</u>		
19. UNDERTAKER (ADDRESS) <u>Call Garson & Son</u> <u>Independence, Mo.</u>		
20. FILED <u>Feb 7 1932</u> <u>F. C. Cook</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 6 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1 1932 to Feb. 6 1932

I last saw him alive on Jan. 6 1932 Death is said to have occurred on the date stated above, at 4:30 PM.
The principal cause of death and related causes of importance were as follows:
Bilateral lower lobe pneumonia Date of onset 2/1/32

Other contributory causes of importance:
108 1932

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) Chas. Grabske M. D.
(Address) Independence, 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.

28 28 1932

