

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

Do not use this space.

9066

File No. 3

Registered No. _____

City _____ St. _____ Ward _____

1. PLACE OF DEATH

County Dent Registration District No. 269
Township Norman Primary Registration District No. 5376
City _____ (No. _____)

2. FULL NAME

John A. Coppedge
(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 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Lou Coppedge

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 26 - 1857

7. AGE, YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
76 1 1

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.

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) Phelps Co Mo

13. NAME Alexander Coppedge

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

15. MAIDEN NAME Anna Chambers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

17. INFORMANT (ADDRESS) Mrs J. A. Coppedge

18. BURIAL, CREMATION, OR REMOVAL PLACE Coppedge DATE 3/14 1933

19. UNDERTAKER (ADDRESS) H. D. Hobson

20. FILED Mar 27 1933 Mrs. Cora Bailey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March - 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov - 13, 1932, to Mar 10, 1933

I last saw him alive on March 10, 1933 Death is said to have occurred on the date stated above, at 5396 m.

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

Chronic Nephritis Nov 13 19-33
131
1113 131

Other contributory causes of importance: Influenza Oct 15 1933

Name of operation None Date of _____
What test confirmed diagnosis? Urinal _____
Where an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury _____, 1933

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) J. G. Dickey, M. D.
(Address) Salina 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.

APR 24 1933

OCCUPATION MOTHER FATHER

