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.

APR 24 1933

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

Do not use this space.

10402

1. PLACE OF DEATH

County Monroe — Registration District No. 580 — File No.

Township Union — Primary Registration District No. 5777 — Registered No. 57

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Chas. Addison Copeland

(a) Residence, No. ..... 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: 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~~ Mrs C. A. Copland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/16/1860

7. AGE: YEARS 72 — MONTHS 6 — DAYS 14 — 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.
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) Marion Co. Iowa

FATHER

13. NAME Mahlin Copeland
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

MOTHER

15. MAIDEN NAME Charlotta Patton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

17. INFORMANT (ADDRESS) Mrs C. A. Copland, Madison, Mo. R.R.

18. BURIAL, CREMATION, OR REMOVAL PLACE Madison, Mo. DATE April 1, 1933

19. UNDERTAKER (ADDRESS) Fred A. Thompson Madison, Mo.

20. FILED Mch 31, 1933 E. C. Brooks Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mch 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 25, 1933, to Mar 30, 1933

I last saw him alive on Mar 29, 1933. Death is said to have occurred on the date stated above, at 7 P. m.

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

Acute Pyelonephritis — Date of onset 1 week

Cancer of prostate — 2 or 3 yrs

Other contributory causes of importance:

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) T. R. Turner D.D.

(Address) Madison, Mo.