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

Do not use this space.

32141

File No. .....

Registered No. 15

1. PLACE OF DEATH

County Barton — Registration District No. 39

Township ..... — Primary Registration District No. 4023

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

2. FULL NAME Albert B. Cope

(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.

NOV 10 1933

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.

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~~ Susie Cope

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12-1869

7. AGE: YEARS 64 MONTHS 6 DAYS 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dealer in Junk

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) Greenwood Co. Kansas

FATHER

13. NAME Charles Cope

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

MOTHER

15. MAIDEN NAME Missouri Higgmbotham

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

17. INFORMANT (ADDRESS) Mrs. A. B. Cope Golden City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Golden City Mo. DATE 10/26 1933

19. UNDERTAKER (ADDRESS) E. A. Phillips Golden City Mo.

20. FILED 10-26, 1933 B. F. Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1932, to Oct ~~[illegible]~~ 24, 1933

I last saw him alive on Oct 22, 1933. Death is said to have occurred on the date stated above, at 8:00 P.m.

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

	Date of onset
Arterio-sclerosis	?
Recurrent small cerebral hemorrhage	Sept. 1933

Other contributory causes of importance:

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

What test confirmed diagnosis? X Ray Was there an autopsy? no

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) B. F. Wilson, M. D.

(Address) Golden City Mo.