

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis

Registration District No. 791
1003

File No. 26400

Township St. Louis

Primary Registration District No. City Hospital # 2

Registered No. 6547
St. _____ Ward _____

2. FULL NAME

Grant Copeland

(a) Residence, No. 4220 W. Maffett St. Ward 6

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Col.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 2 - 1902</u>		
7. AGE YEARS <u>32</u>	MONTHS <u>1</u>	DAYS <u>28</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Chauffer</u>		
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) <u>St. Louis Mo.</u>		
13. NAME <u>Grant Copeland</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Nashville Tenn.</u>		
15. MAIDEN NAME <u>Beckie Hulman</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>		
17. INFORMANT <u>Mattie Copeland</u> (ADDRESS) <u>4220 W. Maffett</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Laurel</u> DATE <u>July 6th</u> 19 <u>34</u>		
19. UNDERTAKER (ADDRESS) <u>C. Young, 4400 N. Central Ave.</u>		
20. FILED <u>JUL - 2 1934</u> <u>J. Brebeck</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1st 1934

2. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 4:00 P

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

Epileptic Convulsions

Other contributory causes of importance:
85

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? N.O.

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? _____
If so, specify _____
(Signatures) Barclay DeBruin (Address) _____

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.

AUG 15 1934

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