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.

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

MAY 21 1935

Do not use this space.

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1. PLACE OF DEATH
County Buchanan — Registration District No. 1001 — File No.
Township — Primary Registration District No. — Registered No. 420
City St. Joseph (No. 701 Harmon St. Ward)

2. FULL NAME John Alexander Copeland
(a) Residence, No. 701 Harmon St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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: Maggie Copeland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 12, 1863

7. AGE: YEARS 71 — MONTHS 4 — DAYS 28 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Yard man
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stock Yards Co.
10. Date deceased last worked at this occupation (month and year) April 9, 1935
11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Slater Missouri

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

17. INFORMANT (ADDRESS): Mrs. Maggie Copeland 701 Harmon St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park Cem. DATE April 12, 1935

19. UNDERTAKER (ADDRESS): Clark Mortuary 5025 King Hill Ave.

20. FILED APR 11 1935 — John R Benders, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 10, 1935, to Apr 10, 1935
I last saw him alive on Apr 9, 1935 Death is said to have occurred on the date stated above, at 1A m. Apr 10
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Apr 9

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Other contributory causes of importance:
Heart Disease, Arterio Sclerotic
Hypertension
Arterio Sclerosis Gen.

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) [signature], M. D.
(Address) St. Joseph Mo