NOV 21 1935

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

Do not use this space.

B 32648

File No. .....

Registered No. 2002

**1. PLACE OF DEATH**

County Jackson  Registration District No. .....

Township Kansas  Primary Registration District No. .....

City K. C. Mo. (No. 2901 Park Ave. St. ..... Ward)

**2. FULL NAME** Amy Alberta Copley

(a) Residence, No. 2901 Park Ave. 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** Fe

**4. COLOR OR RACE** White

**5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Single

**5A. IF MARRIED, WIDOWED, OR DIVORCED**
HUSBAND OF
(OR) WIFE OF

**6. DATE OF BIRTH** (MONTH, DAY, AND YEAR) Mch-26-1885

**7. AGE**

| YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 50 | 6 | 9 | |

**OCCUPATION**

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Christian Assembly

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) Ohio

**FATHER**

13. NAME Rev. Albert S. Copley

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

**MOTHER**

15. MAIDEN NAME Bertha M. Kracken

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

17. **INFORMANT** Rev. Albert S. Copley
(ADDRESS) 2901 Park Avenue, City

18. **BURIAL, CREMATION, OR REMOVAL**
PLACE Forest Hill DATE Oct. 7 1935

19. **UNDERTAKER** Mrs. E. L. Forster
(ADDRESS) 918 Brooklyn ave.

20. **FILED** 10/16 1935 M. M. Chrome
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. **DATE OF DEATH** (MONTH, DAY, AND YEAR) 10/5/35 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...
I last saw h... alive on ..... 2 50 P 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic pulmonary tuberculosis | |

Other contributory causes of importance: No

Name of operation ..... Date of ..... 19...
What test confirmed diagnosis ..... Was there an autopsy? Yes

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 .....
(Signed) ..... , M. D.
(Address) .....

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.

WRITE PLAINLY, WITH CARBONS, THIS IS A PERMANENT RECORD