

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.

MAR 5 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis, Mo** (No. **City Hospital Bldg. 2**)

File No. **3944**

Registered No. **1231**

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. **3923 - W. Belle** Ward **11**

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **1** yrs. **0** mos. **0** ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| 3. SEX Male | 4. COLOR OR RACE Negro | 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) July 26 1904 | | |
| 7. AGE | YEARS 31 | MONTHS 7 |
| | DAYS | IF LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | Printer |
| | 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) St. Louis, Mo | | |
| FATHER | 13. NAME Sam Copeland | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo | |
| MOTHER | 15. MAIDEN NAME Olla Biggs | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo | |
| 17. INFORMANT (ADDRESS) July Perdue 2945 - Hawthorn | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE Washington P. 7th St DATE Feb 3 1936 | | |
| 19. UNDERTAKER (ADDRESS) Bryce and Co 1003 1/2 Garrison and FFB - 3127 | | |
| 20. FILED 19 24 Bredeck Registrar | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 30 1936**

22. I HEREBY CERTIFY That I attended deceased from **1-19-1936** to **1-30-1936**. I last saw him alive on **1-30-1936**. Death is said to have occurred on the date stated above, at **2:20 p.m.**

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

Other contributory causes of importance: **23**

Name of operation..... Date of.....
What test confirmed diagnosis? **Chest 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?.....
If so, specify.....
(Signed) **James B. Harris** M.D.
(Address) **2945 - Hawthorn Bldg.**

