

MAY 20 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

14679

1. PLACE OF DEATH

County Jens
Township Norman
City (No. _____) _____

Registration District No. 269
Primary Registration District No. 3276

File No. _____
Registered No. 3
St. _____ Ward _____

2. FULL NAME

Louina Coppedge

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John A Coppedge</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 19 1861</u>		
7. AGE YEARS <u>74</u>	MONTHS <u>9</u>	DAYS <u>3</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Keeper</u>
	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)
Chick Co Mo.

FATHER 13. NAME James Mathews

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Dont know

MOTHER 15. MAIDEN NAME Dont know

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Dont know

17. INFORMANT (ADDRESS)
Wilson Coppedge
Hobson Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE
Coppedge Cem DATE 4/23 1936

19. UNDERTAKER (ADDRESS)
H. W. Holcomb
Saline Mo.

20. FILED April 24 1936 Mrs Cora Bailey
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22 1936

22. I HEREBY CERTIFY, That I attended deceased from April 16 1936 to April 20 1936
I last saw h. or alive on April 20 1936 Death is said to have occurred on the date stated above at 2:30 p.m.

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

Cardiovascular Date of onset 1935
Renal Disease
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Other contributory causes of importance:
Chronic Nephritis 1934

Name of operation none Date of _____
What test confirmed diagnosis autopsy 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) C. J. DeLoach, M. D.

(Address) Saline, Missouri

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.

