

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

Do not use this space.

29628

1. PLACE OF DEATH

County Harrison
Township Washington
City (No.) St. Ward)

Registration District No. 975
Primary Registration District No. 6162

File No.
Registered No. 187

2. FULL NAME

Jno. J. Copenhagen
(a) Residence, No. State Hospital #3 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. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 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 Christine Copenhagen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 2 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
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) Tiffin Mo

13. NAME

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Abraham Copenhagen

MOTHER 15. MAIDEN NAME Eliza Collins

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

17. INFORMANT (ADDRESS) J. A. Copenhagen Sedalia

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Point Cem. DATE 7-6-1936 St. Clair Co. Mo.

19. UNDERTAKER (ADDRESS) Wm. S. Sides Eudora Mo

20. FILED July 6, 1936 McElhinger Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4 1936

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1936, to July 4, 1936
I last saw him alive on July 4, 1936 Death is said to have occurred on the date stated above, at 7 P. m.

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

Arteriosclerosis Date of onset ?
Myocardial insufficiency ?
Other contributory causes of importance:

Name of operation none Date of ?
What test confirmed diagnosis? clin. test 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) J. J. O'Neil M. D.

(Address) Nevada Mo.

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.

