

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

Do not use this space.

47466

**1. PLACE OF DEATH**

County Warren

Registration District No. 881

Township Camden

Primary Registration District No. 6175

City New Townton (No. ....)

File No. ....  
Registered No. 45 St. .... Ward)

**2. FULL NAME**

George H Cope

(\*) 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 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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura L Cope

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 30 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or mla.
	<u>80</u>	<u>1</u>	<u>6</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Retired 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) Montgomery Co., Mo.

MOTHER FATHER 13. NAME Julius Cope

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co., Mo.

15. MAIDEN NAME Sarah Jane Kaiser

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co., Mo.

17. INFORMANT (ADDRESS) J. E. Fletemeyer

18. BURIAL, CREMATION, OR REMOVAL PLACE Providence Church DATE Dec. 7, 1936

19. UNDERTAKER (ADDRESS) C. M. Spurman Jonesburg Mo.

20. FILED Dec 7, 1936 A. W. Obelung Registrar.

Mr Fred H. Walle

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 6th 1936

22. I HEREBY CERTIFY, That I attended deceased from January 19, 1936 to Dec 6, 1936. I last saw him alive on Dec 1st 1936. Death is said to have occurred on the date stated above, at 3:30 a.m.

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

arteriosclerosis  
bronchial asthma

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

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) Dr. Chas. W. Hunt, M. D. (Address) Providence Church

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.

