

MAR 18 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

34 County Douglas
 Township Richland
 City Stillborn (No. _____)

Registration District No. 957
 Primary Registration District No. 5396

File No. 5717
 Registered No. 7 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____
 (Usual place of abode)

St. _____ Ward _____

(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)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-2-37

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
✓ ✓ ✓

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

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) Twin Bridges, Mo.

13. NAME Arthur Douglas Copinger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sloam Springs, Mo.

15. MAIDEN NAME Lillie May Hopkins

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

17. INFORMANT A. D. Copinger
 (ADDRESS) Twin Bridges

18. BURIAL, CREMATION, OR REMOVAL

PLACE Church DATE 2-3-37

19. UNDERTAKER (ADDRESS) _____

20. FILED Feb 22 1937 Faye Sharpton
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-2-1937

22. I HEREBY CERTIFY, That I attended deceased from 2-2-1937 to 2-2-1937

I last saw h. alive on _____, 19____. Death is said

to have occurred on the date stated above, at 11:00 a.m.

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

Date of onset _____

Stillborn

Other contributory causes of importance: _____

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) J. F. Brown, M. D.

(Address) West Salem, 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.

