

13 APR 9 1937

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 (No. St. Luke's Hospital)
St. _____ Ward _____

File No. **9989**
Registered No. **2549**

2. FULL NAME Martha Jane Cope

(a) Residence, No. _____ St. nR Ward. Vandalia, Mo.
(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 Female 4. COLOR OR RACE White 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) MAY 3 1935

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, _____ hrs. or _____ min.
10 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil
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) Vandalia, Mo.

13. NAME Homer Cope

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

15. MAIDEN NAME LENA OWENS

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VANDALIA, MO.

17. INFORMANT (ADDRESS) Homer Cope Vandalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Vandalia, Mo. DATE 3-6-37

19. UNDERTAKER (ADDRESS) WATERS & SON VANDALIA, MO.

20. FILE MAR 5 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3 1937

22. I HEREBY CERTIFY, that I attended deceased from March 2 1937 to Mar 3 1937

I last saw her alive on Mar 3 1937. Death is said to have occurred on the date stated above, at 9:50 a.m.

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

Streptococcal meningitis of meninges
non epidemic Date of onset 2-1-37

Other contributory causes of importance: 79

Name of operation Laminectomy + drainage Date of 3-2-37
What test confirmed diagnosis? Cl. + Lab. Was there an autopsy? Yes

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 George H. DeHouck, M. D.
(Address) St. Luke's Hosp. 5535 Delmar St. Louis, Mo.

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.

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