

APR 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Dallas 30
Township Sherman
City Fair Grove (No.)

Registration District No. 243
Primary Registration District No. 5337

File No. 11716
Registered No.
St. Ward)

2. FULL NAME

Mable C. Coppel

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6, 1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
77 11 11

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

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) Dallas Co. Mo.

13. NAME Henry Martin

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

15. MAIDEN NAME Cynthia Huggins

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

17. INFORMANT C. E. Martin (ADDRESS) Fair Grove

18. BURIAL, CREMATION, OR REMOVAL PLACE Union mound DATE 3-19-37

19. UNDERTAKER H. B. Jones (ADDRESS) Buffalo Mo

20. FILED 3-25-1937 Mar 9 11 Sherman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-17-37

22. I HEREBY CERTIFY That I attended deceased from Feb. 25 - 1937 to March 16 - 1937

I last saw her alive on March 14 - 1937 Death is said to have occurred on the date stated above, at 9 P. M.

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

Coronary Sclerosis Date of onset

Other contributory causes of importance: 94 B

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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?.....

If so, specify.....

(Signed) O. K. Keppler, M. D.

(Address) Elkland, 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.

