

SEP 27 1937

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

Do not use this space.

31985

1. PLACE OF DEATH

County Shelby
Township Black Branch
City Shelbyville (No. _____)

Registration District No. 831Primary Registration District No. 4504

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(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 Male 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 Leta Coppenhaver

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 11 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
57 8 14

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

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) Shelbyville Mo

13. NAME John David Coppenhaver

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

15. MAIDEN NAME Virginia Isabella Cooper

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

17. INFORMANT Mrs Leta Coppenhaver
(ADDRESS) Shelbyville, Mo

18. BURIAL, CREMATION, OR REMOVAL Interred cemetery DATE Aug 29 1937

19. UNDERTAKER E. P. ...
(ADDRESS) Shelbyville, Mo.

20. FILED Aug 28 1937 Pearl Goe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 27 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 7 - 1932, to Aug 27 - 1937

I last saw him alive on Aug 27 - 1937 Death is said to have occurred on the date stated above, at 7:30 p.m.

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

Arterio Sclerosis with Hypertension

Date of onset

Other contributory causes of importance: None

Name of operation None Date of _____

What test confirmed diagnosis? None 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) P. C. ..., M. D.

(Address) Shelbyville 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.

