NOV 16 1937

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

Do not use this space.

File No. 37269
Registered No. 257

1. PLACE OF DEATH
County: Butler
Township:
City: Poplar Bluff (No. ..., ..., St. ..., Ward)
Registration District No. 89
Primary Registration District No. 5131

2. FULL NAME James Robert Cope
(a) Residence, No. Hiway 67 North 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20, 1921

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
16	4	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolboy
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) Poplar Bluff
(STATE OR COUNTRY) Missouri

FATHER
13. NAME Robert I. Cope
14. BIRTHPLACE (CITY OR TOWN) Fairdealing
(STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Roxie Lafferty
16. BIRTHPLACE (CITY OR TOWN) Stoddard County
(STATE OR COUNTRY) Missouri

17. INFORMANT Robert I Cope
(ADDRESS) Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Woodlawn Cem DATE Oct. 19 1937
Poplar Bluff

19. UNDERTAKER Greer Funeral Service
(ADDRESS) Poplar Bluff, Mo.

20. FILED 10/19 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 17 1937

22. I HEREBY CERTIFY, That I attended deceased from June 17 1937, to Oct 17 1937,
I last saw him alive on Oct 17 1937. Death is said to have occurred on the date stated above, at 3:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacterial Endocarditis	7/1/37
Other contributory causes of importance:	
Appendicitis operation	6/13/37

Name of operation: Appendectomy Date of 6/13/37
What test confirmed diagnosis? Clinical 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) J. Rentarwell, M. D.
(Address) Poplar Bluff 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.