

REC'D MAY 24 1938

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

Do not use this space.

15597

File No. 37  
Registered No. 37 Ward

1. PLACE OF DEATH  
County Culbuck Registration District No. 711  
Township Union Primary Registration District No. 5-940  
City Dixon Mo. (No. 4426) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Francis Williams Copp 103  
(a) Residence, No. Dixon Mo. 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. 7 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 widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 28 - 1850

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>87</u>	<u>5</u>	<u>26</u>	<u>3</u>

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

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) 1912 11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dale, Mich.

MOTHER FATHER

13. NAME William Copp

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union, Mich.

15. MAIDEN NAME Mary Samson

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

17. INFORMANT Vernon Copp  
(ADDRESS) Dixon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Crocker Mo DATE April 2 - 1938

19. UNDERTAKER J. H. Hoops - Saks  
(ADDRESS) CROCKER - MO

20. FILED 4/11 1938 A. Steck  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31 - 1938

22. I HEREBY CERTIFY, That I attended deceased from March 23 - 1938, to 3/31 - 1938  
I last saw him alive on 3/30, 1938. Death is said to have occurred on the date stated above, at 3:30 a.m.  
The principal cause of death and related causes of importance were as follows:  
Infirmities of old age.

Other contributory causes of importance: 167-

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) Dr. E. E. Eiden, M. D.  
(Address) Dixon Mo.

REC'D MAY 24 1938

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

Do not use this space.

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32

85  
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1. PLACE OF DEATH

County Culoshki Registration District No. 711  
Township Wagon Primary Registration District No. 5946  
City Dixon, Mo. (No. 4426) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 32

2. FULL NAME

Francis Williams Copp 100

(a) Residence, No. Dixon, Mo St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 7 yrs. 7 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) widower  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Copp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 28-1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
87 7 6 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Businessman  
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) 1912 11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wiles, Mich.

FATHER 13. NAME William Copp

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dearborn, Mich.

MOTHER 15. MAIDEN NAME Mary Samson

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

17. INFORMANT (ADDRESS) Vernoy Copp  
Dixon, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Crocker, Mo DATE April 2, 1938

19. UNDERTAKER (ADDRESS) J. H. Hoops - Sons  
Crocker, Mo

20. FILED 4/11 1938 A. S. Beck Registrar.

MEDICAL CERTIFICATE OF DEATH

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Other contributory causes of importance: 167

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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) W. J. Esiden, M. D.  
Dixon, Mo. (Address) 639

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Item #15 amended by affidavit of grand-daughter 4-6-87.