

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

NOV 22 1938

36215

1. PLACE OF DEATH

County Livingston

Registration District No. 1

Township Monroe

Primary Registration District No. 56

City Ludlow, Mo. (No. 1)

File No. 308

Registered No. 6

St. Ward

2. FULL NAME

140 Nettie Copple

(a) Residence, No. 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 Female
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 John Franklin Copple

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 31, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 10 3

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) Dawn Missouri

13. NAME George A. Johnson

14. BIRTHPLACE (CITY OR TOWN) Kentucky

15. MAIDEN NAME Rachael Allen

16. BIRTHPLACE (CITY OR TOWN) Ohio

17. INFORMANT Gertie Twin

18. BURIAL, CREMATION, OR REMOVAL

PLACE Collon DATE Oct 5, 1938

19. UNDERTAKER B. F. Mead

20. FILED Oct 10, 1938 Geo. Orr Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 3, 1938

22. I HEREBY CERTIFY, that I attended deceased from Sept 21, 1938 to Oct 3, 1938

I last saw him alive on Oct 3, 1938. Death is said to have occurred on the date stated above, at 9 A. M.

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

Pneumonia Bronchitis Septic

Other contributory causes of importance: None

Name of operation None Date of 7/70
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) Geo. Orr M. D.
(Address) 1111 1/2

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.

