

SEP 21 1939

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

Do not use this space.

30080

1. PLACE OF DEATH

County St. Clair
Township Washington
City Jackson

Registration District No. 1077
Primary Registration District No. 6012

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

No. 151 Martha K. Copenhagen

St. _____ Ward _____

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX fm 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 27, 1864

7. AGE YEARS 75 MONTHS 9 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Jackson Mo

13. NAME Sauil B. Goder

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

15. MAIDEN NAME Sarah Harris

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

17. INFORMANT J. S. Copenhagen (ADDRESS) Jackson Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Jackson Cem DATE 8/30 1939

19. UNDERTAKER (ADDRESS) R. L. Luster Wheatland Mo

20. FILED 9 5 1939 Miss W. H. Hudson Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 29th 1939

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1938 to Aug 29th, 1939
I last saw her alive on Feb 13th 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:

Chronic Cardio-vascular Renal Disease
Chronic Asthmatic Bronchitis
Date of onset 12/1

Other contributory causes of importance: Chronic Asthmatic Bronchitis

Name of operation no operation Date of _____
What test confirmed diagnosis? Physician 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. T. Murray, M. D.
(Address) J. T. Murray Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 7,

District File Number 7-39-1202

Date Filed 9-6-39