

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.

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

21115

## 1. PLACE OF DEATH

County JacksonTownship KawCity Kansas City, Mo.

(No.

Registration District No. 395Primary Registration District No. 1002

1524 Corrington

File No.

Registered No. 2383

St.

Ward)

## 2. FULL NAME

Marvin Cope

(a) Residence, No.

1524 Corrington

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

Male

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Divorced

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OF

Cora Clayton

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

10/9/1867

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, .....hrs.  
or .....min.71 ~~65~~

8

0

## OCCUPATION

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  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

Mo.

## FATHER

## 13. NAME

James Cope

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

Mo.

## MOTHER

## 15. MAIDEN NAME

Melisa Nichols

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

No record

17. INFORMANT  
(ADDRESS)

Mrs. Dora Little

1524 Corrington

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Cold Water Cem/

DATE 6/12/39

19. UNDERTAKER  
(ADDRESS)

Sheil Funeral Home

6606 Indep. Ave.

## 20. FILED

June 11, 1939 M. M. Brown

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9, 193922. I HEREBY CERTIFY, That I attended deceased from  
June 5, 1939, to June 9, 1939.I last saw him alive on June 9, 1939. Death is said  
to have occurred on the date stated above, at 2 m.

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

Carcinoma of lung

Primary Source of  
Carcinoma Not Known

See Exam. R.C. General Hosp.

Other contributory causes of importance: Sept. 1938

M. M. O.

Date of onset

Name of operation Biopsy of rib Date of 9/30/38What test confirmed diagnosis? Biopsy Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Biopsy Date of injury 9/30/38Where did injury occur? Biopsy (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury BiopsyNature of injury Biopsy24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify Biopsy(Signed) Paul A. D. Jones M. D.(Address) 6400 Indep. Ave. R.C. Hosp.

