

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

Do not use this space.

27

3487

1. PLACE OF DEATH

County Moniteau Registration District No. 1695
 Township Moreau Primary Registration District No. 4770
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

James Richard Copass 120
 (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 Male 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 Mrs. J. R. Copass
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 16, 1865
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
72 2 17
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-9-1938
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____
 I last saw him alive on Never, 19____. Death is said to have occurred on the date stated above, at 6 P. m.
 The principal cause of death and related causes of importance were as follows:
Apoplexy sudden death
 Date of onset _____
 Other contributory causes of importance: 82

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 13. NAME Charles W. Copass
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 15. MAIDEN NAME Lynthia Boulton
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau County Missouri
 17. INFORMANT J. R. Copass
 (ADDRESS) R.R. California, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Allee Cemetery DATE Feb 5, 1938
 19. UNDERTAKER (ADDRESS) Boulton Funeral Home California, Mo.
 20. FILED 2-7-1938 J. L. Martin Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? Cerebral 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? 200
 If so, specify _____
 (Signed) J. R. Copass Coroner M. D.
California MO
 (Address) _____

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.

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FEB 28 1938

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