

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.

JUN 20 1934

Dr. Hill

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

Do not use this space.

16150

1. PLACE OF DEATH

County Cole
Township _____
City Jefferson (No. _____)

Registration District No. 2/3
Primary Registration District No. 3.014

File No. 147
Registered No. _____
St. _____ Ward _____

2. FULL NAME Mrs. Della Barbara Copas

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

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 W.L. Copas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October-3-1883

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
50 7 8

OCCUPATION 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) California, Missouri (STATE OR COUNTRY)

FATHER 13. NAME Alvin P. Allee 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticau County, Mo

MOTHER 15. MAIDEN NAME Mary J. Scott 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticau County, Mo

17. INFORMANT Eva L. Copas (ADDRESS) Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE California, Mo. DATE May-13-- 1934

19. UNDERTAKER John G. Ogdon (ADDRESS) Jefferson City, Mo

20. FILED 57-112 19 24 Dr. Hill Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11 19 34

22. I HEREBY CERTIFY, That I attended deceased from May 2 19 34 to May 10 19 34
I last saw him alive on May 10 19 34. Death is said

to have occurred on the date stated above, at 12:10 a.m.
The principal cause of death and related causes of importance were as follows:

Double lobar pneumonia
100
1040 100

Other contributory causes of importance: Acute sinusitis

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) Dr. Hill M. D.
(Address) Jefferson city Mo

