

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.

1. PLACE OF DEATH

County Monterey
Township Alamo
City California Mo (No. _____)

Registration District No. 571
Primary Registration District No. 433.5

File No. 25597
Registered No. 30
St. _____ Ward)

2. FULL NAME

(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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>R</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Well Cope</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 16-1895</u>		
7. AGE <u>39</u>	YEARS <u>1</u>	MONTHS <u>5</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Barker</u>		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) <u>Kansas</u>		
13. NAME <u>Charles Cope</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
15. MAIDEN NAME <u>Evelyn Hodson</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iud</u>		
17. INFORMANT (ADDRESS) <u>Mrs Howard Cope</u> <u>California Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Masonic Bur</u> DATE <u>7/23/34</u>		
19. UNDERTAKER (ADDRESS) <u>Willeam & Friedman</u> <u>California Mo</u>		
20. FILED <u>7-21-34</u> <u>H. K. Popy</u> Registrar		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1934

22. I HEREBY CERTIFY That I attended deceased from July 20, 1934 to July 20, 1934
I last saw him alive on July 20, 1934. Death is said to have occurred on the date stated above, at 12:15 P. m.
The principal cause of death and related causes of importance were as follows:
Accidental death from Automobile Injury
Smashed left side of skull
Other contributory causes of importance:
216
210 M
Name of operation no Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

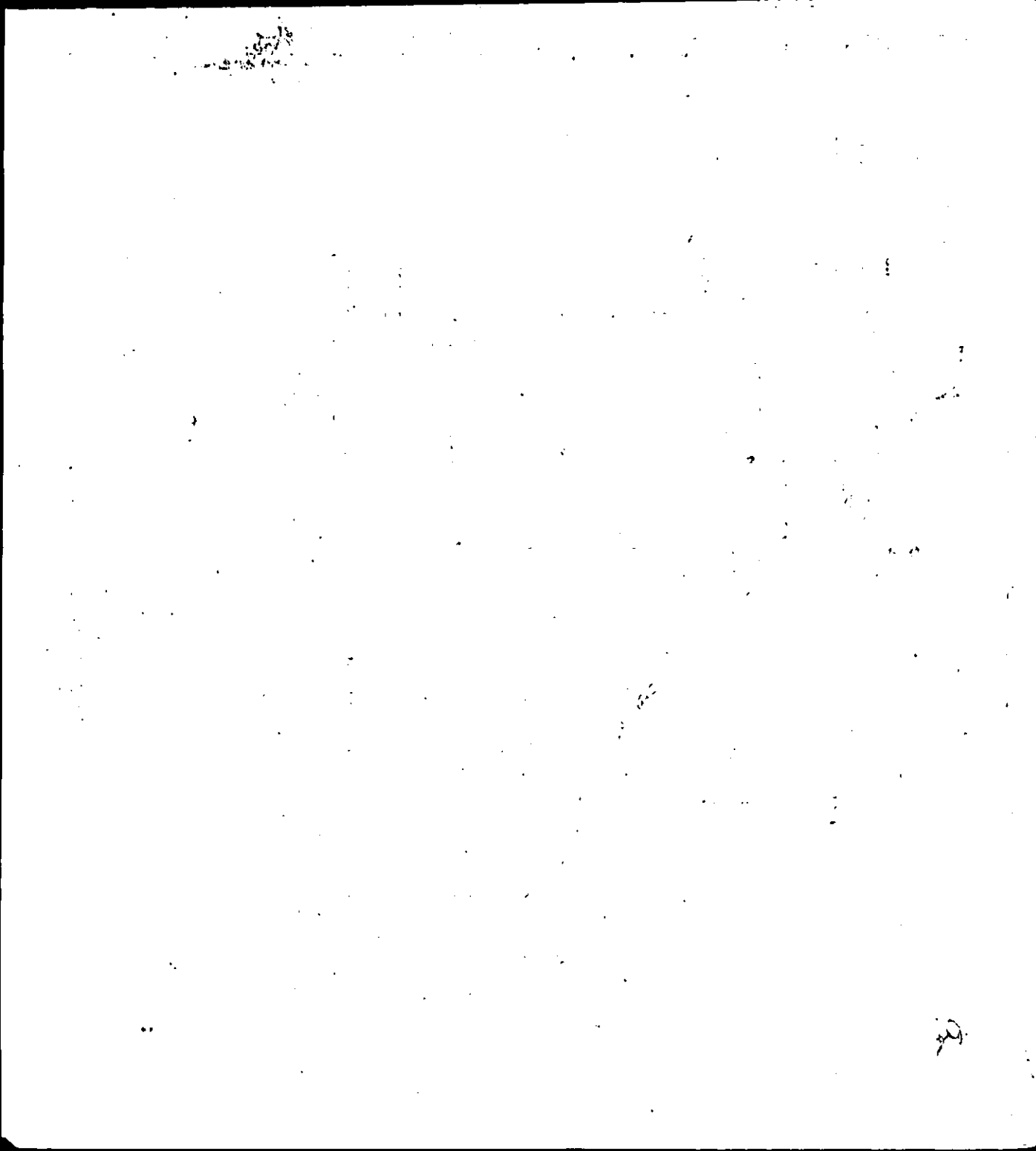
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Accident Date of injury 7-20, 1934
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) L. P. Latham, M. D.
(Address) California, Mo

WRITE PLAINLY, WITH OVERTAKING MARK

226 2 6 6



WASHINGTON

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Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Charles Howard Cope
 Who died at _____ on July 20 - 1934
 Residence: No. _____ St. _____
 (If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
 Sex m Color or race w Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years 39 Months 1 Days 5

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber
 (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month 7 - 20 Year 1934 207

Birthplace=(State or country) Kansas

Birthplace of father (State or country) accidental death - auto

Birthplace of mother (State or country) Injury - Crushed left side

Principal cause of death: probably fracture of skull

Other contributory causes of importance none 710

Name of operation none Date of _____

What test confirmed diagnosis? Physical Was there an autopsy? no

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7-20-1934

Where did injury occur? 3 1/2 mile South of California near

Moran Bridge on #87 (Specify city or town, county and State)

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

On the road or Highway #87

Manner of injury Truck became unmanageable ran into ditch

Nature of injury neck, skull & internal injuries

Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

Name of physician L. P. Graham

Address of physician California Mo

Signature of Registrar H. R. Copey M.D. Date filed 7-21-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No. 571

E. T. McGaugh M.D.

Primary Reg. Dist. No. 4335

Special Agent.

RECEIVED TO THE DIRECTOR

DEPARTMENT OF COMMERCE

WASHINGTON

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