

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

PLACE OF DEATH
Christian Co.
County
Lynn
Township
or
Village
or
City

Registration District No. *184* File No. *22501*
Primary Registration District No. *52517* Registered No. *29*

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME *Mary Virginia Cooley*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX *Male* COLOR OR RACE *White* SINGLE OR WIDOWED OR DIVORCED *Married*
DATE OF BIRTH *Sept 10 1874*
AGE *87* yrs. *9* mos. *21* ds. IF LESS than 1 day, hrs. or min.?

DATE OF DEATH *July 1 1912*
I HEREBY CERTIFY, that I attended deceased from *June 15, 1912*, to *June 28, 1912*, that I last saw him alive on *at June 28, 1912*, and that death occurred, on the date stated above, at *11 a.m.*

OCCUPATION (a) Trade, profession, or particular kind of work *Teacher & Farmer*
(b) General nature of industry, business, or establishment in which employed (or employer)

The CAUSE OF DEATH* was as follows:
Old age and general debility

BIRTHPLACE (City or town, State or foreign country) *Jefferson Co New York*

PARENTS
NAME OF FATHER *not known*
BIRTHPLACE OF FATHER (City or town, State or foreign country) *Jefferson Co N.Y.*
MAIDEN NAME OF MOTHER *not known*
BIRTHPLACE OF MOTHER (City or town, State or foreign country) *not known*

Contributory (SECONDARY) (Duration) yrs. mos. ds.
(Signed) *Joyce* M. D. *July 2 1912* (Address) *of our own*

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *Emma Cooley his wife*
(ADDRESS) *Jefferson Mo.*

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted if not at place of death?
Former or usual residence

Filed *July 4 1912* *J. W. Bruton* REGISTRAR

PLACE OF BURIAL OR REMOVAL *Sellersville Cemetery* DATE OF BURIAL *July 2 1912*
UNDERTAKER *Roberts & Son* ADDRESS *Osage Mo*

