

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

Do not use this space.

8188

1. PLACE OF DEATH

County Jackson Registration District No. 300
Township Clay Primary Registration District No. 1000
City Kansas City No. 2917 East 12th St. _____ Ward _____

File No. _____
Registered No. 1048
St. _____ Ward _____

2. FULL NAME

Martha Ann Cooper
(a) Residence. No. 2917 E. 12th St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 9 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 F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Cooper

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 13, 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
72 1 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Centerville, Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER John M. Wilson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ind.

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) mo.

14. INFORMANT A. B. Cooper
(Address) 2917 E. 12th St.

15. FILED Mar 11, 1927 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 10 1927

17. I HEREBY CERTIFY, That I attended deceased from Mar. 1926, to 3-10-27, 1927 that I last saw him _____ alive on 3-9-27, 1927, and that death occurred, on the date stated above, at 6:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetic gangrene of foot

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? _____

DID AN OPERATION PRECEDE DEATH? No. DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory tests on heart

(Signed) A. Jack-Renick, M. D.
3/11, 1927 (Address) 1034 Apple St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Platte City, Mo. March 11 1927

20. UNDERTAKER ADDRESS A. J. Newcomer R. C. Mo.

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.

STATEMENT RECORD

1034 Asgyle Bldg.
Vic 4076.
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