

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

Do not use this space.

26986

1. PLACE OF DEATH
County Greene Registration District No. 318
Township Springfield Primary Registrar District No. 2001
City Springfield No. 984 W. Mt. Vernon St. W. Vernon Ward
2. FULL NAME John D. Cooper
(a) Residence No. 984 W. Mt. Vernon Ward (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m. 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 Leggie Cooper
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 3, 1843
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 84 8 23
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retail Merchant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
10. NAME OF FATHER Geo W. Cooper
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT Mrs. John D. Cooper
(Address) Springfield
15. FILED 9/27/27 Oct 1st 1927 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/26 1927
17. I HEREBY CERTIFY That I attended deceased from 9-16, 1927, to 9-26, 1927, that I last saw him alive on 9-26, 1927, and that death occurred, on the date stated above, at 9 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arthma

CONTRIBUTORY (SECONDARY) weak Heart action
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
NOT AT PLACE OF DEATH.
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) A = Armstrong M.D.
, 19 (Address)

*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
Hazelwood Cem 9/28 1927
20. UNDERTAKER ADDRESS
Alma Schreyer 7.4.

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.

CT 6 1927

