

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

Do not use this space.

1281

1. PLACE OF DEATH

County Jackson
Towship Rt 15
City Rt 15

Registration District No. 399
Primary Registration District No. 1902
(No. Old City Hospital)

File No. 305
Registered No. 305
St. _____ Ward _____

2. FULL NAME

Everett Cooper

(a) Residence. No. 1109 Campbell St. 2 Ward _____

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. 2 mos. _____ da. How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 24, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
48 1 25

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER Edward Cooper

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

12. MAIDEN NAME OF MOTHER Esther Marshall

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

14. INFORMANT Mr Arthur Miller
(Address) 3518 Drury an

15. FILED Jan 23, 1928 M. M. Croome
REGISTRAR West

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-19 1928

17. I HEREBY CERTIFY, That I attended deceased from 1-3, 1928, to 1-19, 1928 that I last saw him alive on 1-19, 1928, and that death occurred, on the date stated above, at 4:25 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hyperstatic Pneumonia

CONTRIBUTORY (SECONDARY) Millary T.B.
(duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Lab.
(Signed) H. M. Smith, M. D.

1-19, 1928 (Address) Old City Hospital

*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 Blue Ridge Cem DATE OF BURIAL 1-24 1928

20. UNDERTAKER H B Moore ADDRESS 1820 E 18

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.

Information should be carefully applied. It is important that it may be properly c. 1111

PHYSICIAN'S REPORT

[The main body of the page contains extremely faint and illegible text, likely a medical report or form. The text is mostly obscured by noise and low contrast.]

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