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.

7828

File No. .....

Registered No. 4

1. PLACE OF DEATH

County Buchanan Registration District No. 81

Township Bloomington, Primary Registration District No. 5122

City ..... (No. 4 Miles East of DeKalb, Mo. St. ..... Ward)

2. FULL NAME Nannie Lee Cooper,

(a) Residence. No. 4 Miles E. of DeKalb, St. Mo. Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. 17 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 6, 1926.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	1	6	17	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child.

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Buchanan County,
(STATE OR COUNTRY) Missouri,

PARENTS

10. NAME OF FATHER Benjamin Cooper,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Randolph Co.,
(STATE OR COUNTRY) Missouri,

12. MAIDEN NAME OF MOTHER Emma Bertha Johnson,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Howard Co.,
(STATE OR COUNTRY) Missouri,

14. INFORMANT Benjamin Cooper
(Address) DeKalb, Missouri.

15. FILED 3/29 1928 J. W. McAdow REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 13, 1928

17. I HEREBY CERTIFY, That I attended deceased from Mch. 13, 1928, to March 13, 1928, that I last saw h. ..ex.. alive on March 12, 1928, and that death occurred, on the date stated above, at 7:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

108 (duration) yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY) [illegible] (duration) yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Usual

(Signed) J. A. Peters, M. D.

Mch 14, 1928 (Address) Wallace, Mo

*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 King Hill Cemetery DATE OF BURIAL March 1928

20. UNDERTAKER Heston-Dyole-Bowman by J. H. Dale ADDRESS St. Joseph, Mo Funeral Home