APR 23 1928

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

Do not use this space.

1. PLACE OF DEATH
County: Buchanan — Registration District No. 85 — File No. 7971
Township: — Primary Registration District No. 1001 — Registered No. 471
City: St Joseph (No. Mo Meth Hosp St. Ward)

2. FULL NAME: Ruby A. Cooper
(a) Residence. No. 204 W Cole ave St. Ward. Springfield Mo
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 1 mos. 21 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Quigle
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 10 - 1907
7. AGE: Years 20 | Months 5 6 | Days 21 | If LESS than 1 day, ...hrs. or ....min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Sales Lady
(b) General nature of industry, business, or establishment in which employed (or employer): Mds. —
(c) Name of employer: J B Willhoit
9. BIRTHPLACE (CITY OR TOWN): Mellborne
(STATE OR COUNTRY): Ark

PARENTS
10. NAME OF FATHER: Mose Cooper
11. BIRTHPLACE OF FATHER (CITY OR TOWN): (STATE OR COUNTRY): Ark
12. MAIDEN NAME OF MOTHER: Freeman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): (STATE OR COUNTRY): Ark

14. INFORMANT: J. B. Willhoit
(Address) 925 So Pickwick Springfield
15. FILED ....., 19.... John G. Ott REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar 31 1928
17. I HEREBY CERTIFY, That I attended deceased from 3-30, 1928, to 3-31, 1928, that I last saw h. alive on 3-31, 1928, and that death occurred, on the date stated above, at 8 p.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: General Peritonitis
140
1391
1 4 6 (duration) ....yrs. ....mos. 23 ds.
CONTRIBUTORY (SECONDARY): Pelvic abscess Probably self induced abortion from history given by husband
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH: Brought in dying condition
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 3-31-28
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
4/2 1928 (Signed) C A Branson, M.D.
(Address) 101½ W Moore

*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: Melborne Ark — DATE OF BURIAL: 4/2 1928
20. UNDERTAKER: Fleeman Funeral Home — ADDRESS: 1208 Francis

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD