29 1928

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.

12418

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001

City St Joseph (No. Royes Hospital St. Ward)

File No.

Registered No. 536

2. FULL NAME Sarah Cooper

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

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 F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 2 - 1862

7. AGE — YEARS 66 — MONTHS 0 — DAYS 27 — If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House work

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Peotone (STATE OR COUNTRY) Ill

PARENTS

10. NAME OF FATHER Henry Pearson

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

12. MAIDEN NAME OF MOTHER Mary E. Doncaster

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

14. INFORMANT Grace Cooper (Address) Oneida Kans

15. FILED APR 30 1928 19 John G. Wz REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 29 1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.... that I last saw her alive on Apr 29, 1928, and that death occurred, on the date stated above, at 2 30 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

BBB

93C (duration) 8 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Toxic Goitre

(duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 4/28/28

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

4/30 (Signed) H. S. Ferguson, M. D

1928 (Address) Tootle Bldg St Jo 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 Oneida Kans

DATE OF BURIAL May 1 1928

20. UNDERTAKER Fleeman Funeral Home

ADDRESS 1208 Francis