

1928

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

Do not use this space.

16922

1. PLACE OF DEATH

County NewboldRegistration District No. 378Township FayettePrimary Registration District No. 4222City Fayette (No.)File No. Registered No. 80St. Ward

2. FULL NAME

(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

Female

4. COLOR OR RACE

white

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

widowed

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

Nestor B. Cooper6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-1-1843

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.8457

8. OCCUPATION OF DECEASED

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

PARENTS

10. NAME OF FATHER Wm. Wilkerson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Virginia12. MAIDEN NAME OF MOTHER Polly Kutz

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Virginia

14.

INFORMANT Mrs. Ed. Dilbeck
(Address) Fayette, Mo.

15.

FILED 5-10-28 V. Q. Bonham
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-8 1928

17.

I HEREBY CERTIFY, That I attended deceased from May 15, 1928, to May 8, 1928, that I last saw him alive on May 8, 1928, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Pectoris
94A 80
950 80
120 80CONTRIBUTORY Ch. Myocarditis
(SECONDARY) (duration) 2 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? noWHAT TEST CONFIRMED DIAGNOSIS? none(Signed) W. B. Bloom M. D., 19 (Address) Fayette 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

DATE OF BURIAL

City Cemetery 5-11 1928

20. UNDERTAKER

ADDRESS

Guy T. Halley Fayette, Mo.

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.

APR 25 1957