

20 1928  
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.

29701

26

1. PLACE OF DEATH

County Bollinger

Registration District No. 3-1

File No. 29701

Township Waynes

Primary Registration District No. 510

Registered No. 26

City Sturdivant (No. 1)

St.

Ward)

2. FULL NAME

Irman J. Cooper

(a) Residence. No. 1

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.

15 ds.

How long in U.S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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)

August 15<sup>th</sup> 1928

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

1

15

8. OCCUPATION OF DECEASED

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

✓

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

✓

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Sturdivant

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

D M Cooper

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Swinton

(STATE OR COUNTRY)

Missouri

12. MAIDEN NAME OF MOTHER

Manda Davis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Hillham

(STATE OR COUNTRY)

Tennessee

14.

INFORMANT

(Address)

D M Cooper

Sturdivant Missouri

15.

FILED

10-2-28

A T Kerpatrik

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Sept. 30 1928

17.

I HEREBY CERTIFY, That I attended deceased from Sept. 16, 1928, to Sept. 30, 1928 that I last saw him alive on Sept. 27, 1928, and that death occurred, on the date stated above, at 7 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Enterocolitis  
119 B

CONTRIBUTORY (SECONDARY)

113 B

18. WHERE WAS DISEASE CONTRACTED

✓ IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

R F Turpley

M. D.

, 19

(Address)

Swinton

\*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

Rock Point Cemetery

Oct. 1 1928

20. UNDERTAKER

W C Knight

ADDRESS

Advance Mo.

Aug 15

16  
36

46

1-2-1