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

Do not use this space.

31453

1. PLACE OF DEATH
County St Clair — Registration District No. 765 — File No.
Township ~~Osceola~~ — Primary Registration District No. 4460 — Registered No. 17
City Osceola (No. ..... St. ..... Ward)

2. FULL NAME Earnest T. 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 21 yrs. 2 mos. 11 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Colored
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) July 7 - 1907
7. AGE: Years 21 | Months 2 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laban
(b) General nature of industry, business, or establishment in which employed (or employer): Making Lime
(c) Name of employer: Wart Bros
9. BIRTHPLACE (CITY OR TOWN) Osceola
(STATE OR COUNTRY) St Clair Co Mo

PARENTS
10. NAME OF FATHER: Frank Cooper
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Osceola
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER: Anna Bruce
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Osceola
(STATE OR COUNTRY) Mo

14. INFORMANT Mrs Anna Graves
(Address) Nebraster Mo

15. FILED 9/20 1928 Ruth Seevers
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 18 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1928, to Sept 18-2, 1928, that I last saw him alive on Sept 18, 1928, and that death occurred, on the date stated above, at 10.15 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Peritonitis following appendicitis
121B
129 (duration) ..... yrs. ..... mos. 4 ds.
CONTRIBUTORY (SECONDARY) 1178
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Osceola Mo
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Puncture after death
(Signed) C B Pinkerton M.D.
, 19 (Address) Osceola, 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: Warren Cemetery
DATE OF BURIAL: Sept 20, 1928
20. UNDERTAKER: W R Smith
ADDRESS: Osceola 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.