APR 24 1929

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

Do not use this space.

10232

1. PLACE OF DEATH

County Gentry — Registration District No. 311 — File No.

Township Wilson — Primary Registration District No. 5433 — Registered No.

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Mrs Sallie Priscilla Cooper

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

Length of residence in city or town where death occurred 51 yrs. 1 mos. 11 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F1
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 Clarence Cooper

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb - 10 - 1878

7. AGE: Years 51 — Months 1 — Days 11 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(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): Gentry County MO

PARENTS
10. NAME OF FATHER: Wm Pierce
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): MO
12. MAIDEN NAME OF MOTHER: Cathryn Guy
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): MO

14. INFORMANT (Address): Mrs D. C. Thomas Stanberry MO. R.F.D

15. FILED 3/23, 1929 C. N. Williamson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 22 1929

17. I HEREBY CERTIFY, That I attended deceased from Mch. 21, 1929, to Mch 21, 1929 that I last saw her alive on Mch 21, 1929, and that death occurred, on the date stated above, at 2.45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY): Decaying Sickness

(duration) 10 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? 0 DATE OF None

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) C. N. Williamson, M.D

3/22, 1929 (Address) Gentry 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: Stanberry MO — DATE OF BURIAL: 3/24 1929

20. UNDERTAKER: Laton F. Phillips — ADDRESS: Stanberry MO

...n terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. C. N. Millhomson