MAR 30 1929

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

Do not use this space.

11994

1. PLACE OF DEATH
County Ray — Registration District No. 915 — File No.
Township Knoxville — Primary Registration District No. 6236 — Registered No. 7
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Ruth Ellen 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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 6 1861

7. AGE: Years 67 — Months 3 — Days 24 — 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): Missouri

PARENTS
10. NAME OF FATHER: John Pollard
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Tennessee
12. MAIDEN NAME OF MOTHER: Phoebe King
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Illinois

14. INFORMANT: Mrs Claud Cooper
(Address) Polo Mo.

15. FILED Mar. 20 1929 Mrs. G. W. Gaines REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 20 1929

17. I HEREBY CERTIFY, That I attended deceased from July 20, 1925, to Mar 20, 1929, that I last saw h..... alive on Mar 20, 1929, and that death occurred, on the date stated above, at 1:25 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Cholecystitis with hepatitis (~~Suspicion of Chronic Cholecystitis~~) CHW
(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY): Chronic Cholecystitis
(duration) 5 yrs. 7 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1246
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) C H Wilson, M. D
Mar 20, 1929 (Address) Polo 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: Prairie Ridge Cem — DATE OF BURIAL: Mar 21 1929

20. UNDERTAKER: Alspaugh & Cowley — ADDRESS: Polo Mo.