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

Do not use this space.

12644

1. PLACE OF DEATH

County..... Registration District No. 79

Township..... Primary Registration District No. 1003

City St. Louis Mo. (No. 272, Plaza Dr. St. ..... Ward)

File No. 3177

Registered No. 3177

2. FULL NAME Fannie Cooper

(a) Residence. No. Riverton Ill. St., 57 Ward. Riverton Ill.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 3/1849

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	79	3	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Beardstown
(STATE OR COUNTRY) Ill.

PARENTS

10. NAME OF FATHER John McCrey

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown

14. INFORMANT Mrs. May Brennan
(Address) 272 Plaza Dr

15. FILED ..... 19 ..... Mary C. Hartley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) March 12 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1929, to March 12, 1929, that I last saw h. alive on March 12, 1929 and that death occurred, on the date stated above, at 6 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General arterial sclerosis
chronic myocarditis
93 C
99
11

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) 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? no

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) Eugene C. Mallory, M. D.

3-13, 1929 (Address) Metropolitan Bldg

*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 Riverton Ill.

DATE OF BURIAL 3/14 1929

20. UNDERTAKER Campbell & Marquard

ADDRESS Riverton Ill

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.

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Dr. E.J.O'Malley
Page&Academy
I306 Academy
at I2 Pm.
Wed.