

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

Do not use this space.

9825

1. PLACE OF DEATH

County phelps
Township _____
City Rolla

Registration District No. 677
Primary Registration District No. 4403

File No. _____
Registered No. 29
St. _____ Ward _____

2. FULL NAME

Harry L. 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 21, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
54 | 7 | 19

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

10. NAME OF FATHER Henry Cooper

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

12. MAIDEN NAME OF MOTHER Faith Breece

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

14. INFORMANT Mrs. H. L. Cooper
(Address) Beema, Mo.

15. FILED Mar 23 1930 Joe F. Ayers REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3
16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 21 1930
17. I HEREBY CERTIFY That I attended deceased from Oct. 26, 1928, to Mar. 21, 1930 that I last saw him alive on Mar. 21, 1930, and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Obstruction of Common Gall duct. (Carcinoma)
46E
127D

CONTRIBUTOR (SECONDARY) 44E
(duration) ____ yrs. ____ mos. ____ ds.

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

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF Mar. 13, 30
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) H. Sidney McDaniel, M. D.
, 19 (Address) Rolla, 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 Cold Spring Cemetery DATE OF BURIAL Mar. 22 1930

20. UNDERTAKER Null & Sicklender ADDRESS Rolla, 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.

APR 30

