

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

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1. PLACE OF DEATH

County Vernon
Township Center
City Nevada (No. _____)

Registration District No. 875
Primary Registration District No. 3689

File No. 21588
Registered No. 146
St. _____ Ward _____

2. FULL NAME

(a) Residence No. Vernon St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 19 - 1838

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
92 2 16

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 Own Home

9. BIRTHPLACE (CITY OR TOWN) Saratoga
(STATE OR COUNTRY) New York

10. NAME OF FATHER Jacob Cooper

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

12. MAIDEN NAME OF MOTHER DK

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

14. INFORMANT Mertle Carr
(Address) Windfield Iowa

15. FILED 7/10/30 E. P. King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 5 1930

17. I HEREBY CERTIFY, That I attended deceased from May 1st, 1930 to June 5th, 1930 that I last saw her alive on June 3rd, 1930, and that death occurred, on the date stated above, at 8:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute gastro intestinal indigestion, immediate cause

(duration) _____ yrs. _____ mos. 6 ds.

CONTRIBUTORY (SECONDARY) Thoracic Aneurism with original proximal pain sharp and lancinating duration do not know

18. WHERE WAS DISEASE CONTRACTED at place of death

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) J. W. Amerman, M. D.

6/5/30 (Address) Nevada 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

Moore Cemetery DATE OF BURIAL 6/7/30

20. UNDERTAKER Ferry Funeral Home Nevada ADDRESS _____

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important.

RECORD

