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

32160

NOV 21 1930

1. PLACE OF DEATH

County Buchanan  
Township \_\_\_\_\_  
City St. Joseph

Registration District No. \_\_\_\_\_  
Primary Registration District No. 1001  
(No. 1405 South 4th)

File No. \_\_\_\_\_  
Registered No. 1140  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Francis Marion Cooper,

(a) Residence. No. 1405 South 4th. 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. 2 mos. \_\_\_\_\_ ds. \_\_\_\_\_  
How long in U.S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) November 14, 1920

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
11 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Marysville,  
(STATE OR COUNTRY) Kansas,

10. NAME OF FATHER Francis Raymond Cooper  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Marysville,  
(STATE OR COUNTRY) Kansas,  
12. MAIDEN NAME OF MOTHER Finnie Lewis,  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Easton,  
(STATE OR COUNTRY) Missouri,

14. INFORMANT Francis M. Cooper  
(Address) 1405 South 4th Street.

15. FILED 10/18, 1930 John G. Holt REGISTRAR  
Oct 18 1930

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 17, 1930  
17. I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1930, to Oct. 13, 1930 that I last saw him alive on Oct. 13, 1930, and that death occurred, on the date stated above, at 3:00 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Diarrhea & Enteritis  
1108  
63

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 7 ds.  
CONTRIBUTORY Ricketts  
(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 Clinical  
(Signed) Charles H. Werner, M. D.  
Oct 18, 1930 (Address) 315 Kirkpatrick Bldg

\*State the DISEASE CAUSING DEATH, or if of UNKNOWN CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Marysville, Kansas via a.c.c.o. DATE OF BURIAL Oct. 19 - 1930

20. UNDERTAKER Heaton, Byrds & M. Bowman ADDRESS 319 So. 10th.

Funeral Home

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

