

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

Do not use this space.

7290

**1. PLACE OF DEATH**

County ..... Registration District No. 791  
 Township ..... Primary Registration District No. 1003  
 City St. Louis (No. St. Anthony's Hospital St. .... Ward)

File No. ....  
 Registered No. 1600

**2. FULL NAME**

(a) Residence. No. Festus 217 St. 16 Ward. Festus Mo  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female  
 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 Single  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 23 - 1913  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
17 9 13

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work none  
 (b) General nature of industry, business, or establishment in which employed (or employer) at home  
 (c) Name of employer none

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Festus Mo  
**PARENTS**  
 10. NAME OF FATHER Edward Cooper  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Humboldt  
 (STATE OR COUNTRY) Mo  
 12. MAIDEN NAME OF MOTHER Alice Johnson  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Danville  
 (STATE OR COUNTRY) Mo

**14.**

INFORMANT Mrs. Alice Cooper  
 (Address) Festus Mo

**15.**

FILED FEB -8 1931  
 19 1931 W. C. Starnes  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 6 - 1931

17. I HEREBY CERTIFY, that I attended deceased from Jan 19 to Feb 6 - 1931 that I last saw her alive on Feb 6 - 1931, and that death occurred, on the date stated above, at 10 PM m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

72!  
Myelogenous Leukemia  
 (duration) yrs. 1 mos. da.

**CONTRIBUTORY (SECONDARY)**

(duration) yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Blood examination

(Signed) W. C. Starnes M. D.

77 .1931 (Address) 506 Olive

\*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**

**DATE OF BURIAL**

Festus Mo Feb 9 1931

**20. UNDERTAKER**

**ADDRESS**

Wuester & Vinyard Festus Mo

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.

