

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

Do not use this space.

10548

1. PLACE OF DEATH

County Laverne
Township Buch Marie
City..... (No.).....

Registration District No. 468
Primary Registration District No. 6629

File No.
Registered No. 7
St. Ward)

2. FULL NAME

William Jefferson 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 (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 6 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 10 9

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Co. Mo

10. NAME OF FATHER Joel Cooper

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co. Mo

12. MAIDEN NAME OF MOTHER Nelly Carroll

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Miller Co. Mo

14. INFORMANT A. E. Cooper
(Address) Marionville, Mo

15. FILED 3-28, 1931 R. Andrews REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1. 16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-4 1931

17. HEREBY CERTIFY, That I attended deceased from March 2nd 1931, to March 4th 1931 that I last saw him alive on March 2nd 1931, and that death occurred, on the date stated above, at 7:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
82A

CONTRIBUTORY (SECONDARY) 82A
(duration) yrs. mos. ds.
(duration) yrs. mos. ds.

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

0 DID AN OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical symptoms
(Signed) F. W. Luedt M. D.
, 19 (Address) Marionville 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 DATE OF BURIAL
Riley Tomb Cemetery 3-6, 1931

20. UNDERTAKER ADDRESS
Norm Bradford Marionville

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 23 1931

