

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.

JAN 5 1933

30223-1

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County SalineRegistration District No. 792Township Arrow RockPrimary Registration District No. 4473City Arrow Rock

(No. _____)

St. _____

Ward _____

2. FULL NAME Miss Bettie 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

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

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

March 27th 1875

7. AGE

YEARS

86

MONTHS

4

DAYS

17If LESS than 1
day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.At home.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Howard County Mo.

FATHER

13. NAME

Henry Cooper,14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Virginia.

MOTHER

15. MAIDEN NAME

Polly Ann Gibson.16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Virginia.17. INFORMANT
(ADDRESS)Pink McCart.
Arrow Rock Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Arrow Rock Cem. DATE Aug. 9th 193119. UNDERTAKER
(ADDRESS)Goodman & Boller.
Boonville Mo.

20. FILED

Nov 20 1932 C. L. Lawless

Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Aug 8th 1931

22. HEREBY CERTIFY, That I attended deceased from

8-21 1931 to 8-8 1931I last saw him alive on 8-8 1931 Death is saidto have occurred on the date stated above, at 4 P. M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset93C 162 93C Don't know

Other contributory causes of importance:

SenilityName of operation none Date of _____What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? X Date of injury X 1931Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury XNature of injury X24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify _____

(Signed) M. H. [Signature] M. D.(Address) Black River, Mo.

