

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

Do not use this space.

32126

1. PLACE OF DEATH

County Pike

Registration District No. 681

Township Calanet

Primary Registration District No. 5909a

City Paysonville (No. _____)

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

Alexander 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 5 - 1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>75</u>	<u>11</u>	<u>14</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paysonville Mo

FATHER 13. NAME Alexander Cooper

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Sarah Disher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT Mary A Cooper (ADDRESS) Paysonville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Clarksville DATE Sept 18 1931

19. UNDERTAKER L. Brown (ADDRESS) Clarksville

20. FILED 9-18 19 H. G. Henderson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16 1931

22. I HEREBY CERTIFY, That I attended deceased from Monday 1931, to Sept 16 1931

I last saw him alive on Sept 15 1931 Death is said

to have occurred on the date stated above, at 2:35 P.M.

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

Cancer of liver

Date of onset

1930

46E
46E

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) S. L. J. over head, M. D.

(Address) Paysonville Mo

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.

THIS IS A PERMANENT RECORD

