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.

APR 28 1932

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

Do not use this space.

9544

1. PLACE OF DEATH

County Pettis — Registration District No. 668 — File No.

Township — Primary Registration District No. 3032 — Registered No. 68

City Sedalia (No. , St. Ward)

2. FULL NAME Lucy Cooper

(a) Residence, No. E. Hogan 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 F

4. COLOR OR RACE Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

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

7. AGE — YEARS 53 — MONTHS dont no — DAYS dont no — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 295

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) spring of 1931

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis Co Mo

FATHER

13. NAME Frank Ousley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis Co Mo

MOTHER

15. MAIDEN NAME Hattie - dont no

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis Co Mo

17. INFORMANT (ADDRESS) Will Cooper Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sedalia Mo DATE 3/8 1932

19. UNDERTAKER (ADDRESS) F. D. Ferguson Sedalia Mo

20. FILED 3 - 8 1932 J. G. Love Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 7 - 1932

22. I HEREBY CERTIFY, That I attended deceased from 3 - 2 - 1932 to 3 - 7 - 1932

I last saw her alive on 3 - 7 - 1932 Death is said to have occurred on the date stated above, at 7 P m.

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

6 Variola

Date of onset

Other contributory causes of importance:

6 (1)

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

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) A. R. Maddox, M. D.

(Address) 116 E W. Main