

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

Do not use this space.

1. PLACE OF DEATH

County Lewis

Township

City La Grange

Registration District No. 1180

Primary Registration District No. 4289

File No. 26648-1

Registered No. 18

2. FULL NAME

Annie 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)

Widowed

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

Edward Cooper

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

Dec 19th 1859

7. AGE

YEARS

72

MONTHS

7

DAYS

31

If 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 occupation

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

La Grange, Mo.

FATHER

13. NAME Fredrickk Leeser

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

Germany

MOTHER

15. MAIDEN NAME Doreta Schoppe

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

Germany

17. INFORMANT (ADDRESS)

Mrs Edward Brose
La Grange, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE La Grange

DATE Aug 22, 1932

19. UNDERTAKER (ADDRESS)

A.A. Roberts
La Grange, Mo.

20. FILED

Aug 21, 1932

W B Ellery

Registrar.

2. MEDICAL CERTIFICATE OF DEATH

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

Aug 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from

Aug 16, 1932

to Aug 20, 1932

I last saw her alive on Aug 20, 1932 Death is said

to have occurred on the date stated above, at 3908

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

apoplexy
82A
97

Date of onset

Aug 16, 1932

Other contributory causes of importance:

Arterio Sclerosis

Name of operation none

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? no

If so, specify

(Signed)

W B Ellery

M. D.

(Address)

La Grange 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.

WHILE TEST WITH UNFADING INK—THIS IS A PERMANENT RECORD

26648-1

