

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

Do not use this space.

28956

1. PLACE OF DEATH
37 County Casscade Registration District No. 308
Township Bourbois Primary Registration District No. 2426
City _____ (No. _____ St. _____ Ward _____)

2. FULL NAME Emily Jane 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) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 25 1854
7. AGE YEARS 78 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) Belle mo
13. NAME John Lattemann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belle mo
15. MAIDEN NAME Mollie Freeman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hendricky
17. INFORMANT (ADDRESS) J. M. Cooper
18. BURIAL, CREMATION, OR REMOVAL PLACE Grave DATE Sept 27 1932
19. UNDERTAKER (ADDRESS) S. G. Locklides
20. FILED Sept 26 1932 M. B. Spurgeon Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 25 1932
22. I HEREBY CERTIFY, That I attended deceased from _____ 1932 to Sept 25 1932
I last saw her alive on Sept 17 1932 Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:
Chronic Gastritis & Chronic Colitis
Immediate cause of death Malnutrition
Other contributory causes of importance:
1208 1180 1200 1180
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) M. B. Spurgeon M. D.
(Address) Red Bird 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.

ACT 25 1934

