

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.

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

Do not use this space.

791
1003

30823

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City _____ (No. _____), Darius Hospital St. _____ Ward _____

File No. _____
Registered No. 8533

2. FULL NAME Isabelle Cooper

(a) Residence, No. 3936 Cash St. 11 Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 James Cooper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15-1883

7. AGE YEARS 49 MONTHS 2 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wife of Dr. [unclear]

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wife of [unclear]

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) Paducah Ky

13. NAME Don't Know

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

15. MAIDEN NAME Don't Know

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

17. INFORMANT (ADDRESS) James Cooper 3939 Cash

18. BURIAL, CREMATION, OR REMOVAL PLACE Father's Burial DATE 9/26 1932

19. UNDERTAKER (ADDRESS) Oliver B. Peltz 3030 Bell Ave

20. FILED SEP 29 1932 W. C. [unclear] Registrar

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-20 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-20, 1932, to 9-20, 1932

I last saw her... alive on 9-20, 1932. Death is said to have occurred on the date stated above, at 9:20 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
Chronic nephritis
Diabetes mellitus
59
1310
Other contributory causes of importance:
Arteriosclerosis
Hypertension
Date of onset _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Bl. chem. Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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. R. Bradley M. D.
(Address) Darius Hospital

