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

Do not use this space.

File No. 39182

Registered No. 304

1. PLACE OF DEATH
County Jasconade
Township [illegible]
City Jasconade (No. ..... St. ..... Ward)
Registration District No. 3
Primary Registration District No. [illegible]

37

JAN 23 1933

2. FULL NAME Lewis Charles 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 22 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr-16-1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	79	8	6	

OCCUPATION

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

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) TORONTO CANADA

FATHER

13. NAME Wm Cooper

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

MOTHER

15. MAIDEN NAME Matchia Crowdwright

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

17. INFORMANT (ADDRESS) Mrs L C Cooper Jasconade Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Jasconade Cem. DATE 12/24 1932

19. UNDERTAKER (ADDRESS) Hugo Blumer Hermann Mo

20. FILED 1-6 1933 F L Kicker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 22 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 12 1932, to Dec 21 1932

I last saw h[illegible] alive on Dec 12 1932 Death is said to have occurred on the date stated above, at ..... m.

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

	Date of onset
Lapsing of Brain	

Other contributory causes of importance:

(1)

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) W. D. Bowles, M. D.

(Address) Chamois 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

2-23-'33

Jacksonville, Mo.,

Mo. State Board of Health
Bureau of Vital Statistics
Jefferson City, Mo.,

RECEIVED
FEB 23 1933
THE STATE BOARD OF HEALTH
OF MISSOURI

Gentlemen:-

Inclosed find copy of death certificate of my father Lewis Charles Corpe, which, when forwarded to Pension Bureau at Washington was returned to me on account of date of death not being mentioned. In returning it to you to add that information as to the certificate is (died December 22nd 1932.)

Thanking you for immediate attention to this matter I am,

Very truly,

L. A. D. Corpe