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

Do not use this space.

JAN 23 1933

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.

1. PLACE OF DEATH
40 County Grundy Co. Registration District No. 327 File No. 39344
1 Township Primary Registration District No. 4194 Registered No. 14
1 City Galt (No. St. Ward)

2. FULL NAME Julia E. Cooper

(a) Residence. No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Wid.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 10 - 1851

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
81.	4	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Home owner
(b) General nature of industry, business, or establishment in which employed (or employer) Retired
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills. 2

PARENTS
10. NAME OF FATHER Jacob. Brown.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31
12. MAIDEN NAME OF MOTHER Mary J. Lucas
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

14. INFORMANT Armetha. Dunkle
(Address) New Hampton Mo

15. FILED 12-16-1932 U C Meston REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 15 1932

17. I HEREBY CERTIFY, That I attended deceased from 3-11-1932, to 12-15-1932 that I last saw her alive on 12-15-1932 and that death occurred, on the date stated above, at 2:20 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Organic Heart Disease - (Mitral Regurgitation)
92A
95B
107A
(duration) 8 or more yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Broncho pneumonia
(duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH was (1)
DID AN OPERATION PRECEDE DEATH? no DATE OF
0 WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) U C Meston, M. D.
12-16-1932 (Address) Galt Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Galt Mo Cem.	12-18 1932
20. UNDERTAKER	ADDRESS
R K Payne & Son	Galt Mo