

WRITE PLAIN, 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.

88 98 4883

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

Do not use this space.

1933

1. PLACE OF DEATH
 47 County Jasper Registration District No. 409 File No. _____
 Township Doplin Primary Registration District No. 4242 Registered No. _____
 City Wrensburg No. _____ St. _____ Ward _____
 2. FULL NAME Dorothy Lee Cooley
 (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 W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 8, 1932

7. AGE YEARS: 1 MONTHS: 5 DAYS: 3 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Wrensburg Mo.

FATHER 13. NAME Joe Cooley

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

MOTHER 15. MAIDEN NAME Audrey Kirk

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

17. INFORMANT Joe Cooley (ADDRESS) Wrensburg Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 1-13 1933

19. UNDERTAKER Wright & Co (ADDRESS) Jasper Mo

20. FILED 1-12 1933 W. B. Borden Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11 1933

22. I HEREBY CERTIFY That I attended deceased from Jan 10 1933, to Jan 10 1933
 I last saw her alive on Jan 10 1933 Death is said to have occurred on the date stated above, at 6-10 AM.
 The principal cause of death and related causes of importance were as follows:
Influenza Date of onset _____
pneumonia
 Other contributory causes of importance: NA

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. _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) J. W. Clark, M. D.
 (Address) Carterville Mo.

