

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

Do not use this space
9602

1. PLACE OF DEATH

County Jackson
Township R. E. 5th
City St. Marys Hospital

Registration District No. 388
Primary Registration District No. 2080

File No. _____
Registered No. 1204
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 205 West 9th St., _____ Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 33 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/12/33 1933

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____
I last saw him _____ alive on _____, 19____ Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19 1882

to have occurred on the date stated above at _____ m.
The principal cause of death and related causes of importance were as follows:

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>50</u>	<u>9</u>	<u>23</u>		

Cerebral hemorrhage
Date of onset _____

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. Transmation Co.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years, months, and days) spent in this occupation. 30

Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis of _____ Was there an autopsy? yes

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ellis, Mo.

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)

13. NAME Henry Cooper

Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____

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

15. MAIDEN NAME Jennie Chrysler

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

17. INFORMANT (ADDRESS) Mrs. Jane Hunter 2815 1/2 N. 10th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Salath, Mo. DATE 3/15-33

19. UNDERTAKER (ADDRESS) Melody Phillips

20. FILED Mar 13 1933 M. M. Browne Registrar

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) R. G. M. M. D.
(Address) _____

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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