

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

Do not use this space.

JUN 20 1933

1. PLACE OF DEATH  
 County Callaway Registration District No. 104  
 Township Tullon Primary Registration District No. 3008  
 City Tullon (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Mrs. Etta 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 15879  
 Registered No. 102

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female  
 4. COLOR OR RACE Negro  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Daniel  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1857  
 7. AGE YEARS 76 MONTHS — DAYS — If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook  
 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) Missouri  
 13. NAME D.K.  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.  
 15. MAIDEN NAME Adeline Bell  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.  
 17. INFORMANT Mrs. Bertrude Coster  
 (ADDRESS) Tullon, Mo  
 18. BURIAL, CREMATION, OR REMOVAL South Side Cemetery May 17, 1933  
 19. UNDERTAKER Elin Bell  
 (ADDRESS) Tullon Mo  
 20. FILED May 17, 1933 R. N. Owens  
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-15, 1933  
 22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933 to May 15, 1933  
 I last saw him alive on 5-11, 1933 Death is said to have occurred on the date stated above, at 4 a. m.  
 The principal cause of death and related causes of importance were as follows:  
Arterio Sclerosis  
132A  
97 132  
 Other contributory causes of importance: Nephritis  
 Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis Phys. Exam there an autopsy? No  
 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. Home  
 Manner of injury None  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) R. G. Hall, M. D.  
 (Address) Tullon 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.

THIS IS A PERMANENT RECORD

