

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 309
 Township New Primary Registration District No. 1003
 City N. O. Mo. (No. 2449) Myrtle St. _____ (Ward) _____

File No. 16447
 Registered No. 1923

2. FULL NAME

George Washington Cooper
 (a) Residence, No. 2449 Myrtle 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
 (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Patrym cooper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-3-1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 4 28

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

13. NAME no Record

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record

15. MAIDEN NAME no Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record

17. INFORMANT (ADDRESS) Mrs. Catherine Cooper 2449 Myrtle Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mrs. W. W. W. 5-4-33 DATE

19. UNDERTAKER (ADDRESS) Mrs. E. L. Foster 918 Broadway Ave

20. FILED May 3 1933 M. M. Crowe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May-1-1933

22. I HEREBY CERTIFY that I attended deceased from Sept. 10 1932 to May 1 1933

I last saw him alive on May 1 1933 Death is said to have occurred on the date stated above, at 11:15 p.m.

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

Chronic myocarditis with decompensation Date of onset Sept 10, 1932

Other contributory causes of importance:
Arterio-sclerosis and hypertension
Chronic interstitial nephritis
Benign Prostatic Hypertrophy

Name of operation _____ Date of _____
 What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 1933

When 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? no

If so, specify _____
 (Signed) [Signature], M. D.
 (Address) 4207 E. 74th

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

MARGIN RESERVED FOR BINDING

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.

Ch 5612

Dr Vincent

24 Jackson

4202 E 74th

Ben 4354

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