

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

Do not use this space.

1. PLACE OF DEATH

80 County Pitts Registration District No. 668
 4 Township _____ Primary Registration District No. 3032
 8 City Sedalia (No. _____, _____ St. _____ Ward _____)

File No. 230517
 Registered No. 668

2. FULL NAME

Louis B. Cooper
 (a) Residence, No. 802 N. Cerage St. 1 Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 10 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 negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF husband
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11 1852
 7. AGE YEARS 81 MONTHS 3 DAYS 19 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm
 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) mar 1933 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co

MOTHER 13. NAME Bert Kuer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bert Kuer

15. MAIDEN NAME Bert Kuer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bert Kuer

17. INFORMANT L. Cooper
 (ADDRESS) 1216 Washington Road

18. BURIAL, CREMATION, OR REMOVAL PLACE South DATE Oct 2 1933

19. UNDERTAKER Prie arday
 (ADDRESS) 700 N. Olive St

20. FILED Oct 2 1933 Jean Slack
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 30 1933

22. I HEREBY CERTIFY That I attended deceased from 9/25, 1933, to 9/30, 1933
 I last saw him alive on 9/30, 1933. Death is said to have occurred on the date stated above, at 8:40 m.

The principal cause of death and related causes of importance were as follows:
7/5-33 132A
95B
Nephros
 Other contributory causes of importance:
Cardiac

Name of operation _____ Date of _____
 What test confirmed diagnosis? Microscopic Was there an autopsy? _____

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. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

(Signed) H. C. Dancy, M. D.
 (Address) 1047 1/2 W. 2nd St. Sedalia Mo

WRITE PLAINLY, 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.

NOV 10 1933

