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.

OCT 20 1933

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

Do not use this space.

30615

1. PLACE OF DEATH
County Randolph ~~Moniteau~~
Township Higbee Mo.
City (No. , St. Ward)

Registration District No. 732
Primary Registration District No. 4437

File No.
Registered No.

2. FULL NAME Crews G Cooper'

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 6 1892

7. AGE: YEARS 40 | MONTHS 10 | DAYS 14 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mechanic
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): Fayette Mo.

FATHER
13. NAME: Tom Cooper
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Howard Co. Mo.

MOTHER
15. MAIDEN NAME: Annie Cherrington
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Howard Co Mo.

17. INFORMANT (ADDRESS): Mrs Jennie Cooper Higbee Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cem. Higbee DATE Sept 22 1933

19. UNDERTAKER (ADDRESS): Joe W Burton Higbee Mo.

20. FILED 9/22 1933 J. H. Hinn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 20 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1933, to Sept 20, 1933
I last saw him alive on Sept 20, 1933. Death is said to have occurred on the date stated above, at 6:40 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tubercular Meningitis	
Pulmonary Tuberculosis	
23A	
24A	

Other contributory causes of importance:

23

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

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.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ✓
If so, specify
(Signed) W. V. Durden D.O. M.D.
(Address) Higbee, Mo.