

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.

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

Do not use this space.

1. PLACE OF DEATH

County Carter
Township Johnston
City Grandin (No. 11)

Registration District No. 145Primary Registration District No. 5208File No. 32470Registered No. 101

St. _____ Ward _____

2. FULL NAME Glenn Lee 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

School Boy

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

Nov. 2, 1922

7. AGE

10

YEARS

MONTHS

11

DAYS

8

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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.

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)

Grandin Mo.

FATHER

13. NAME

Sidney Cooper

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

Keokuk, Iowa

MOTHER

15. MAIDEN NAME

Miss Lena Pitts

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

Polk, Mo.

17. INFORMANT (ADDRESS)

Sidney Cooper
Grandin Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mc C. Home Cemetery DATE Oct. 11, 1933

19. UNDERTAKER (ADDRESS)

H. C. Tolliver, acting

20. FILED

10/111933Alexander Johnston

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 / 10 . 193322. I HEREBY CERTIFY, That I attended deceased from 10/1, 1933, to 10/10, 1933I last saw him/her live on 10/14, 1933. Death is saidto have occurred on the date stated above, at 9a m.

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

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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 _____, 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) Clifford M. Hefner, M. D.(Address) Compton, Mo.

