

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.

Dr. Stewart

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

Do not use this space.

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18

1. PLACE OF DEATH
 County Cole Registration District No. 213
 Township _____ Primary Registration District No. 3014
 City Jefferson City (No. 209, E. Dunklin St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME Mrs. Anna Albertina Cooper
 (a) Residence, No. 209 E. Dunklin 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Thomas Cooper, Sr.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 14, 1851</u>		
7. AGE YEARS <u>83</u>	MONTHS <u>0</u>	DAYS <u>2</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home</u>		
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) <u>New York, N. J.</u>		
13. NAME <u>John Huegel</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>Tom Cooper</u> (ADDRESS) <u>119 E. Ashley St. J. O. Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Peters Cem</u> DATE <u>Jan. 18, 1934</u>		
19. UNDERTAKER <u>Heinrichs Funeral Home</u> (ADDRESS) <u>Jefferson City, Mo</u>		
20. FILED <u>7/9/34</u> <u>W. B. Bedford</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from December 27th 1933 to January 16th 1934
 I last saw her alive on January 14th 1934 Death is said to have occurred on the date stated above, at 11:40 A.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset _____
 Other contributory causes of importance:
Arteriosclerosis

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

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) James H. Stewart M. D.
 (Address) 626 Jefferson St

