

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.

756

722 P
756

1. PLACE OF DEATH

County Laconade
Township Bourbois
City _____ (No. _____)

Registration District No. 908
Primary Registration District No. 07426

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town, and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emily Cooper
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 15, 1853
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 9 13

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. forming
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) Sept 1934
11. Total time (years, all spent in this occupation) all

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan

FATHER

13. NAME Joseph A Cooper
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan

MOTHER

15. MAIDEN NAME Doris Kison
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Wayne P. Cooper

18. BURIAL, CREMATION, OR REMOVAL PLACE Home DATE Jan 20 1934

19. UNDERTAKER (ADDRESS) L. G. Leubke

20. FILED Jan 22 1934 Miss Walter Spurgeon Registrar

V MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19 - 1934

22. I HEREBY CERTIFY that I attended deceased from Nov 1 1933, to Jan 19 1934
I last saw him alive on Jan 13 1934. Death is said to have occurred on the date stated above, at 7:40 P.
The principal cause of death and related causes of importance were as follows:

Hemorrhage of Brain Date of onset unknown

Other contributory causes of importance: Similar Conditions

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 none
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) E. J. Barnes, M. D.
(Address) Red Bird, Mo.

