

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

Do not use this space.

APR 25 1934

9960
86

1. PLACE OF DEATH
County Pettis Registration District No. 1.09
Township _____ Primary Registration District No. 3032
City Sedalia Mo. (No. Bothwell Hospital) St. _____ Ward _____

File No. _____
Registered No. 668

2. FULL NAME James Cooper
(a) Residence, No. Blackburn Mo 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 6/34

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

22. I HEREBY CERTIFY, That I attended deceased from Mar. 6, 1934, to _____, 19____.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't Know

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.

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

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.....

fractured Skull
Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blackburn Mo.

Other contributory causes of importance: 210

13. NAME James Cooper Sr.

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

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

15. MAIDEN NAME Drew

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

17. INFORMANT (ADDRESS) Noah Smith Kan. City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE (ADDRESS) Blackburn Mo. DATE Mar. 8/34

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury 3/6, 1934
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

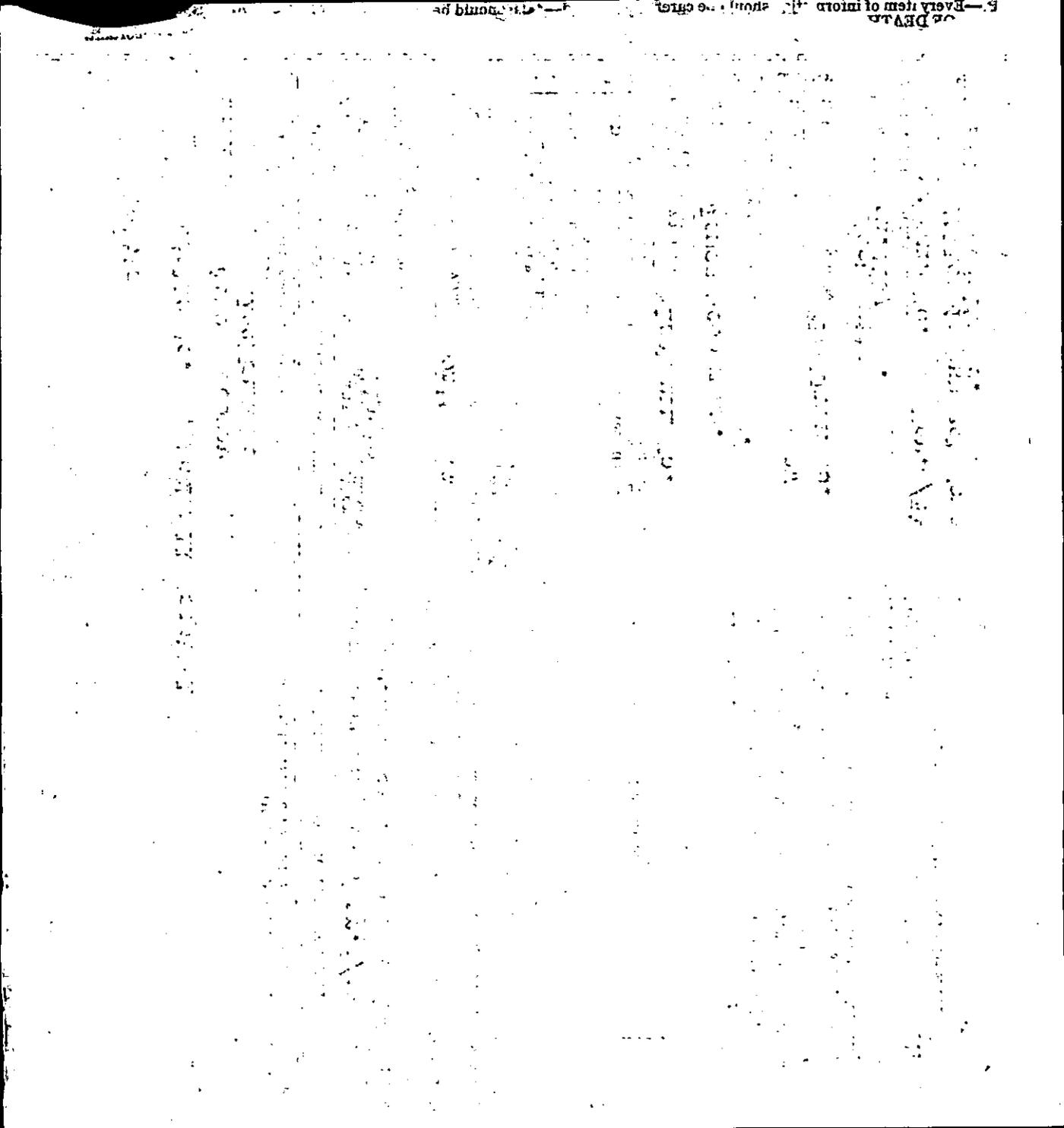
Manner of injury Automobile Collision with Tree
Nature of injury Fractured Skull

19. UNDERTAKER (ADDRESS) Gillespie Funeral Home Sedalia Mo.

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....
(Signed) Ed Seavey Registrar
(Address) Corcoran

20. FILED 3-7- 1934 Jean Slack Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION.



**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Ottawa
Township Pedaleau
City Pedaleau

Registration District No. 668
Primary Registration District No. 3037
(No. Bathucell Hoop)

File No.
Registered No. 86
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)

James Cooper

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) s

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Unknown

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)

13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6 1934

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on, 19..... Death is said to have occurred on the date stated above, at.....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?..... 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)....., M. D.
(Address).....

Jean Slack
Registrar

SUPPLEMENTARY

N. B.—Every bit of information should be carefully supplied. AGC should be stated EXACTLY. PHYSICIAN'S very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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