WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JUL 13 1934

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

Do not use this space.

1. PLACE OF DEATH

County Lafayette — Registration District No. 460 — File No. 20979

Township Davis — Primary Registration District No. 4274 — Registered No. 40

City Higginsville, (No. Mo. St. Ward)

2. FULL NAME Robert 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: Colred

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 27 April 1856

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
78	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

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) Lafayette Co. Mo.

FATHER

13. NAME Henry Cooper

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Rebecca Jackson 525 Neb Ave. K. C. Kanasa

18. BURIAL, CREMATION, OR REMOVAL

PLACE Col Brand DATE 6/26/34. 19

19. UNDERTAKER (ADDRESS) A. H. Hader Higginsville, Mo.

20. FILED June 23, 1934 W C Webb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1934 to June 23, 1934

I last saw him alive on June 22, 1934 Death is said to have occurred on the date stated above, at 1-9 m.

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

Cancer of tumor of bladder

5/10

Date of onset

Other contributory causes of importance:

61

Name of operation none 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 —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W C Webb, M. D.

(Address) Higginsville