

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

Do not use this space.

1. PLACE OF DEATH

County Haskell Registration District No. 408
Township Madison Primary Registration District No. 5564
City (No. _____) St. _____ Ward _____

File No. 25065

Registered No. _____

2. FULL NAME Anna B. Cooper

(a) Residence, No. Carthage R-7 St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9th 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 1 30

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Seray Co. Ark.

13. NAME C. W. Keeling

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

15. MAIDEN NAME Nancy Tutt

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

17. INFORMANT B. F. Cooper (ADDRESS) Carthage R-7

18. BURIAL, CREMATION, OR REMOVAL PLACE Paragon Cemetery DATE 7/8 1934

19. UNDERTAKER Waney - Shaker (ADDRESS) Carthage Mo.

20. FILED July 7 1934 S. B. Clinton Registrar.

3 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from Apr 4 1934 to July 6 1934

I last saw him alive on July 5 1934. Death is said to have occurred on the date stated above, at 2:15 P.M.

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

Cholecystitis with complete obstruction of common bile duct. Cholelithiasis.
Chronic Nephritis
Date of onset 131

Other contributory causes of importance: Chronic Nephritis

Name of operation none Date of _____

What test confirmed diagnosis physical 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 _____, 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 _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____ (Signed) George H. Wood M. D.
(Address) Carthage Mo

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.

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