

NOV 10 1934

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

Do not use this space.

## 1. PLACE OF DEATH

25 Clinton  
County Jackson  
Township  
City (No. St. Ward)

Registration District No. 206  
Primary Registration District No. 52801

35562  
File No.  
Registered No. 31

## 2. FULL NAME

Unnamed Baby Cooper  
(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 (writes the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X X		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 14 - 1934		
7. AGE YEARS	MONTHS	DAYS
		If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Clinton Co Mo

FATHER  
13. NAME  
Arville E. Cooper  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Langdon Mo

MOTHER  
15. MAIDEN NAME  
Etta J. Cooper  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Rockport Mo

17. INFORMANT (ADDRESS)  
Arville E. Cooper  
Clinton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE  
Hunter Cemetery Oct 15 1934

19. UNDERTAKER (ADDRESS)  
Claude Prichard  
Clinton, Mo.

20. FILED 10-16-34  
E. B. Bunker Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 15 1934  
22. I HEREBY CERTIFY that I attended deceased from Oct. 14 1934 to Oct. 15 1934  
I last saw him alive on Oct. 14 1934. Death is said to have occurred on the date stated above, at 4 A.M.  
The principal cause of death and related causes of importance were as follows:

Premature infant (8 months) Date of onset

159  
159  
Other contributory causes of importance:

Name of operation Date of  
What test confirmed diagnosis? Blood 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? No.  
If so, specify  
(Signed) Arville E. Bunker, M. D.  
(Address) Clinton, 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.

