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

FEB 26 1935

Do not use this space.

File No. 2117

Registered No. 2

1. PLACE OF DEATH

County: Mississippi

Township: Tywappity

City: Charleston (No. ..... St. ..... Ward)

Registration District No. 566

Primary Registration District No. 5762

2. FULL NAME: William Andrew Cooper

(a) Residence, No. RFD #1 St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 21, 1934

7. AGE: Years ..... Months 4 Days 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Charleston, Mo.

FATHER

13. NAME: J. L. Cooper

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Morley Mo.

MOTHER

15. MAIDEN NAME: Edith Bailey

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

17. INFORMANT (ADDRESS): J. L. Cooper Charleston Mo. RFD #1

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Oak Grove DATE: Jan 4 35

19. UNDERTAKER (ADDRESS): Frank Lai Funeral Service Charleston Mo

20. FILED: Jan 4th, 1935 F. D. Vernon, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 3, 1935 5 P.M.

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1935, to Jan 3, 1935

I last saw him alive on Jan 3, 1935 Death is said to have occurred on the date stated above, at 3 P. m.

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

	Date of onset
Influenza	