

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

Do not use this space.

Dr. H. T. ...
File No. 2607
Registered No. 14
St. _____ Ward _____

MAR 1 1935

1. PLACE OF DEATH

County W. Charles Registration District No. 757
Township _____ Primary Registration District No. 3036
City W. Charles (No. 710, Lewis) St. _____ Ward _____

2. FULL NAME

Lizzie Cooper
(a) Residence, No. 710 Lewis 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 Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27th 1935

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1934 to Jan 27, 1935

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15-1892

I last saw her alive on Jan 27, 1935. Death is said to have occurred on the date stated above, at 11:30 P.M.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>42</u>	<u>7</u>	<u>12</u>	

The principal cause of death and related causes of importance were as follows:
Culmonary T. B. C.

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 _____

Other contributory causes of importance:
Thyroid Enlargement & Aneurysm
Neuritis

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

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

13. NAME Dant Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dant Brown

15. MAIDEN NAME Dant Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dant Brown

17. INFORMANT Monica Edwards

(ADDRESS) 710 Lewis St

18. BURIAL, CREMATION, OR REMOVAL PLACE Wentzville Mo DATE Jan 31, 1935

19. UNDERTAKER W. H. ...

(ADDRESS) 800 North Second St

20. FILED 1/30 1935 Clarence J. Keasler Registrar

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Dr. H. T. ...
(Signed) Dr. H. T. ... M. D.
(Address) 2002 Main St St Charles Mo

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.

48

235

31

31

