

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

Do not use this space.

18822

1. PLACE OF DEATH

County WORTH
Township MIDDLEBURY
City WORTH (No. —)

Registration District No. 1-1-1
Primary Registration District No. 1-1-1

File No. —
Registered No. — St. — Ward —

2. FULL NAME

JEFF COOPER

(a) Residence, No. — St. — Ward. —
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

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

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

7. AGE YEARS 32 MONTHS — DAYS — IF LESS than 1 day, hrs. — or min. —

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) DALLAS CO TEXAS (STATE OR COUNTRY) TEXAS

13. NAME JAMES M COOPER

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

15. MAIDEN NAME MARY E STOUT

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

17. INFORMANT MADE GROOM (ADDRESS) —

18. BURIAL, CREMATION, OR REMOVAL PLACE SNIDER CEM DATE 6-8-1935

19. UNDERTAKER ANDREWS (ADDRESS) —

20. FILED 7-10 1935 Fred Mullins Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 7 1935

22. I HEREBY CERTIFY, That I attended deceased from MAY 3 1935 to MAY 7 1935

I last saw him alive on MAY 7 1935 Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Hypertrophy of Prostate
Chronic
retention of
urine
intestinal obstruction

Other contributory causes of importance:

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

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) Thos P Fay 1 D
(Address) Worth Mo

