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.

JUL 17 1935

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

Do not use this space.

18914

1. PLACE OF DEATH
County Barry
Township Exeter
City ..... (No. ..... St. ..... Ward)

Registration District No. 34
Primary Registration District No. 6239

File No. .....
Registered No. 9

2. FULL NAME Geneva Alice Cooper

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

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 6 1910

7. AGE 25 YEARS 25 MONTHS 5 DAYS 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) Exeter Mo.

FATHER
13. NAME Sanford Sapp.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. Exeter

MOTHER
15. MAIDEN NAME Annie Reed
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. Exeter

17. INFORMANT (ADDRESS) Sanford Sapp. Exeter, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maplewood DATE 6-9- 1935

19. UNDERTAKER (ADDRESS) Barr & Blankenship Exeter Mo

20. FILED June 9- 1935 Mrs. W. P. Searcy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1935, to June 6, 1935
I last saw her alive on June 6, 1935. Death is said to have occurred on the date stated above, at 3:30 a.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset

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) Glenn N. Salyer, M. D.
(Address) Cassville, Mo.