

AUG 13 1935

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

Do not use this space.

22277

1. PLACE OF DEATH

County ButlerRegistration District No. 89

Township

Primary Registration District No. 5007 577City Poplar Bluff(No. Cashcraft add)

File No.

Registered No. 127

St. _____ Ward)

2. FULL NAME

Elta Belle Cooper(a) Residence, No. Poplar Bluff Mo

(Usual place of abode)

St. Cashcraft add

(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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFGrason Cooper6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1 - 1908

7. AGE

YEARS 27MONTHS 6DAYS 15If LESS than 1
day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Housewife9. 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Corning Ark

13. NAME

Edward C Russell14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Ind

15. MAIDEN NAME

Rhoda Ann Birmingham16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Williamsville
Wayne Co Mo17. INFORMANT
(ADDRESS)Grason Cooper
401 1/2 Poplar Bluff Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Black Creek DATE July 17, 193519. UNDERTAKER
(ADDRESS)N.T. Pheltz
Poplar Bluff Mo

20. FILED

7-17-35 O.C. Essinger

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16, 193522. I HEREBY CERTIFY, That I attended deceased from
1-31, 1935, to 7-16, 1935I last saw her alive on 7-16, 1935. Death is saidto have occurred on the date stated above, at 11:35 am.

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

Tuberculosis of Lungs
Fat emboli

Date of onset

1/5/35

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) W.H. Clayton

M. D.

(Address) Poplar Bluff 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.

