

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

Do not use this space.

22477

52

JUL 19 1935

1. PLACE OF DEATH

24 County Clay Registration District No. 201
 5 Township Liberty Primary Registration District No. 5280
 5 City Liberty (No. 5280) St. Clay Ward

2. FULL NAME

4 (a) Residence, No. George McCellan Cooper St. Clay Ward. (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

1. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow'd.</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 25-1858</u>		
7. AGE YEARS <u>77</u>	MONTHS <u>2</u>	DAYS <u>10</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Hotel Clerk</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>& Keeper</u>		
10. Date deceased last worked at this occupation (month and year) <u>2 yrs</u>		
11. Total time (years) spent in this occupation <u>40</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cantonsville Ohio</u>		
13. NAME <u>Wesley</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wesley</u>		
15. MAIDEN NAME <u>Wesley</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wesley</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Jennie Turner</u> <u>515 1/2 Park, Clatskanie</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wesley, Mo.</u> <u>7/8/35</u>		
19. UNDERTAKER (ADDRESS) <u>Chas. Archer</u> <u>Liberty, Mo.</u>		
20. FILED <u>118</u> 19 <u>5</u> <u>E. T. Branch</u> Registrar. <u>Deputy</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5 1935

22. I HEREBY CERTIFY that I attended deceased from June 1 1935 to July 5 1935
 I last saw him alive on July 3 1935 Death is said to have occurred on the date stated above, at 11:00 AM
 The principal cause of death and related causes of importance were as follows:
Senility Date of onset

Other contributory causes of importance:
None

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 Yes
 (Signed) F. H. Weather, M. D.
 (Address) Liberty, 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.

