

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

Do not use this space.

OCT 28 1935

1. PLACE OF DEATH

County Pike
 Township Cass
 City Bowling Green (No. St. Ward)

Registration District No. 684
 Primary Registration District No. 408

File No. 30365
 Registered No. 27

2. FULL NAME

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

Length of residence in city or town where death occurred 14 yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 3 - 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 6 5

OCCUPATION
 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Proyer, Mo
Lincoln Co

FATHER
 13. NAME Wm Miller

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

MOTHER
 15. MAIDEN NAME Elizabeth Shultz

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

17. INFORMANT Lucy Cooper Motley
 (ADDRESS) Bowling Green Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Clarksville Mo DATE Sept 10 1935

19. UNDERTAKER W. B. ELMORE
 (ADDRESS) Bowling Green Mo

20. FILED 10-10-35 1935 W. P. Summerton Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I DO CERTIFY, That I attended deceased from Sept 21 1935 to Sept 8 1935
 I last saw her alive on Sept 3 1935. Death is said

to have occurred on the date stated above, at 10 a. m.
 The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
gave!
 Date of onset Sept 1 1935

Other contributory causes of importance:
Arterio Sclerosis

Name of operation None 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) Argue Ross, M. D.
 (Address) Bowling Green, 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.

