

411 38 1935

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

Do not use this space.

39599

1. PLACE OF DEATH

County Jackson
Township Kaw
City H.C. Mo

Registration District No. 1000
Primary Registration District No. 1000
(No. Memorial Hospital)

File No. _____
Registered No. 4740
St. _____ Ward _____

2. FULL NAME

Ms. Mary Cooper Memorial Hospital
(a) Residence, No. 1114 North Liberty St. Ward _____
(Usual place of abode) (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 <u>Female</u>	4. COLOR OR RACE <u>wh.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Morton Cooper</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 2 - 1916</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>5</u>	<u>19</u>	<u>4</u>	<u>10</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>
	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)
Independence Mo

13. NAME
Bess Abnet Runyan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Bee Summit Mo

15. MAIDEN NAME
Lavinia Henderson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
St Louis Mo

17. INFORMANT (ADDRESS)
Mrs. Bobb Hoag 1232 Pacific Indep Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE
Mt Wash Cem DATE Dec 14 1935

19. UNDERTAKER (ADDRESS)
Off + Mitchell Independence, Mo

20. FILED Dec 13 1935 M. M. Crowe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 12 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1935, to Dec 12, 1935
I last saw h.s. alive on Dec 12, 1935. Death is said to have occurred on the date stated above, at 1 p.m.
The principal cause of death and related causes of importance were as follows:
acute anterior poliomyelitis

Date of onset
12-4-35

Other contributory causes of importance
NO

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) B. Lavinia Harris, M. D.
(Address) 1636 Professional Bldg

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.

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