MAR 16 1936

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

Do not use this space.

4634

**1. PLACE OF DEATH**

County: Buchanan — Registration District No. 85

Township: — Primary Registration District No. 1001

City: St. Joseph, (No. 502 Blake St. St. Ward)

File No.

Registered No. 178

**2. FULL NAME** Jimmie Wilson Cooper

(a) Residence, No. 502 Blake St. 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. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Male | White | Single |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb, 6, 1936

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 0 | 0 | 2 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

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) St. Joseph, Mo.

FATHER

13. NAME Henry Wilson Cooper

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nodoway Co. Mo.

MOTHER

15. MAIDEN NAME Flora Elizabeth Spencer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DeKalb, Mo.

17. INFORMANT (ADDRESS) Henry W. Cooper 502 Blake St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sparta Cemetery DATE Feb. 11, 1936

19. UNDERTAKER (ADDRESS) Walter Meierhoffer 1302 Faraon St. St. Joseph, Mo.

20. FILED 2-11- 1936 John R Binder Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb, 8, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw him alive on ..., 19... Death is said to have occurred on the date stated above, at 1.30 A.M.

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

Hemorrhage from mouth and nose

Date of onset

159

Other contributory causes of importance:

Hemorrhagic disease of newborn

Premature — 7 mo.

Name of operation none Date of

What test confirmed diagnosis? Clinical 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) E. S. Grant, M. D.

(Address) 6201½ King Hill Ave. St. Joseph, 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.