MAR 19 1936

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

Do not use this space.

5667

1. PLACE OF DEATH
County Howell
Registration District No. 385
Primary Registration District No. 4228
File No.
Registered No.
Township
City Willow Springs (No. St. Ward)

2. FULL NAME Florence Belle Cooper

(a) Residence, No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 25 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): widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 2, 1862

7. AGE: Years 74 | Months 1 | Days 17 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
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) Arkadelphia Ark.

FATHER
13. NAME John Sims
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carolina

MOTHER
15. MAIDEN NAME Caroline Sims
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carolina

17. INFORMANT Walter C. McGinnis
(ADDRESS) Texas

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cemetery DATE Feb. 20 - 1936

19. UNDERTAKER J. R. Burns & Son
(ADDRESS) Willow Springs Mo

20. FILED Feb. 19, 1936 J. C. B. Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 31, 1936, to Feb. 18, 1936
I last saw h. alive on Feb. 18, 1936. Death is said to have occurred on the date stated above, at 5:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	6-1-35

Other contributory causes of importance: chronic nephritis

Name of operation Date of
What test confirmed diagnosis? Physical findings 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) J. C. B. Davis, M. D.
(Address) Willow Springs, 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.