

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.

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

Do not use this space.

1. PLACE OF DEATH

County Jackson  
Township Raw  
City K. E. Mo.

Registration District No. 399  
Primary Registration District No. 1002  
(No. Gen. Hosp. No. 2<sup>nd</sup>)

19458

File No. \_\_\_\_\_  
Registered No. 2414  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Earnest Cooper

(a) Residence, No. 620 Forest St., \_\_\_\_\_ Ward. \_\_\_\_\_

(Usual place of abode) 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Ella Cooper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 4 - 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
59      5      6

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common labor  
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) Missouri

MOTHER / FATHER 13. NAME Joseph T. Cooper

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

15. MAIDEN NAME Eliza Fox

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

17. INFORMANT Ella Cooper  
(ADDRESS) 620 Forest Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE May 14 1936

19. UNDERTAKER W. Appleton Jones  
(ADDRESS) K. E. Mo.

20. FILED May 13 1936 M. M. Brome  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10<sup>th</sup> 1936

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner 1936

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 12:30 pm.

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

Ruptured Liver  
accidental fall  
Date of onset \_\_\_\_\_

Other contributory causes of importance: None

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? yes Date of injury 5-9, 1936

Where did injury occur? 620 Forest  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury accidental fall  
Nature of injury Ruptured Liver

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) Lucian F. Richardson M. D.  
(Address) 1832 Pine

