

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.

AUG 24 1936

26763

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City, Mo. (No. Trinity Lutheran Hospital) St. 3424 Ward 3104

2. FULL NAME Mrs. Virginia May Cooper

(a) Residence, No. 3229 E 60th St 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 11, 1913

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
23 6 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Kansas

FATHER 13. NAME Neal Wilkison

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

MOTHER 15. MAIDEN NAME Thorpe

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

17. INFORMANT Chas. H. Cooper
(ADDRESS) 3229 E 60th St

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE July 22-36

19. UNDERTAKER C. H. Blackman & Son, Inc.
(ADDRESS) 2825 Indep. Blvd. K. C. Mo.

20. FILED July 22, 1936 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY that I attended deceased from July 8, 1936 to July 21, 1936
I last saw him alive on July 20, 1936 Death is said to have occurred on the date stated above, at m.

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

Generalized Peritonitis 7-17-36
145
Other contributory causes of importance:
Caesarian Section - marginal Placenta 7-14-36
Dracena
Caesarian Section 7-14-36

Name of operation Caesarian Section Date of 7-14-36
What test confirmed diagnosis? Eryans 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) Eugene H. Serquens M. D.
(Address) 9033 Prof Blvd

