OCT 15 1936

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

399

Do not use this space.

31237

1. PLACE OF DEATH

County: Jackson — Registration District No.: 1002 — File No.: 1037

Township: Fox — Primary Registration District No.: — Registered No.:

City: Kansas City — No.: St Joseph's Hosp — St.: — Ward:

2. FULL NAME: Inspor Cooey

(a) Residence, No.: 1700 East 36th 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: Fe
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 31 or 1936

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

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.:
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): K. C. Mo

FATHER

13. NAME: Patrick E Cooey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): K. C. Mo

MOTHER

15. MAIDEN NAME: Margaret E Needham
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hagerstown Penn

17. INFORMANT (ADDRESS): Patrick E Cooey 1700 East 36th

18. BURIAL, CREMATION, OR REMOVAL
PLACE: St Mary's — DATE: Sept 1st, 1936

19. UNDERTAKER (ADDRESS): Zwick & Zaborin Co

20. FILED: 9-1, 1936 — M. M. Crane Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8-31, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 30, 19..., to 8-31, 1936

I last saw he alive on 8-31, 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:

	Date of onset
Cerebral Hemorrhage	
MD	

Other contributory causes of importance:

Hardening - Tumors

Name of operation: Date of:
What test confirmed diagnosis? 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?
If so, specify:

(Signed) Hugh G. Humphrey, M. D.
(Address) 602 Ivanhoe 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1 X7044

Dr Hugh Hom[illegible]
Argyle Bldg