

OCT 23 1936

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

Do not use this space.

35115

1. PLACE OF DEATH Monmouth, Mo  
 County Madison Registration District No. 625-  
 Township South Madison Primary Registration District No. 3031  
 City Monmouth (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Arthur 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. \_\_\_\_\_  
 Registered No. 123108  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ruth Cooper</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 23-1889</u>		
7. AGE	YEARS <u>47</u>	MONTHS <u>3</u>
	DAYS <u>18</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>	11. Total time (years) spent in this occupation <u>24 years</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farm</u>	
10. Date deceased last worked at this occupation (month and year) _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Geary Co. Mo</u>		
MOTHER	13. NAME <u>George Cooper</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Geary Co. Mo</u>	
	15. MAIDEN NAME <u>Mary Pugh</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lowville</u>	
17. INFORMANT (ADDRESS) <u>Wm. Lee Mansby</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Springfield Mo</u> DATE <u>9/13 '36</u>		
19. UNDERTAKER (ADDRESS) <u>Packer General House</u> <u>Monmouth Mo</u>		
20. FILED <u>Sept 11 1936</u> <u>Manuel E. Clardy</u> Registrar		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-11 1936

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 \_\_\_\_\_ m.

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

Throat cut -By a poisoningOther contributory causes of importance: 108HemorrhageName of operation None

Date of \_\_\_\_\_

What test confirmed diagnosis P.H. Exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 9-11 1936Where did injury occur? Home - altar table (Specify city or town, county, and State)

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

Manner of injury cut & razor - to eye firstNature of injury incision in neck - Burns mouth24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) Jaen Lombard, M. D.(Address) Coroner Wood Co. Monmouth Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

