

NOV 2 2 1936

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

Do not use this space.

37027

1. PLACE OF DEATH

County East Registration District No. 157
Township Pleasant Hill Primary Registration District No. 4091
City Pleasant Hill (No. _____) St. _____ Ward _____

File No. _____

Registered No. 312. FULL NAME Missouri A. Cooper

(a) Residence, No. _____, _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed
Orelinda Cooper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13, 1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
90 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

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 Life

12. BIRTHPLACE (CITY OR TOWN) Weldon mo.
(STATE OR COUNTRY)13. NAME Valentine Farrow14. BIRTHPLACE (CITY OR TOWN) Idy
(STATE OR COUNTRY)15. MAIDEN NAME Lulinda Farrow16. BIRTHPLACE (CITY OR TOWN) Idy
(STATE OR COUNTRY)17. INFORMANT Miss E. Cooper
(ADDRESS) Pleasant Hill, mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill DATE Oct 15 193619. UNDERTAKER Prossper Belcher
(ADDRESS) Pleasant Hill, mo.20. FILED Oct-15 1936 Mrs. Etta M. Aldridge
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 13 193622. I HEREBY CERTIFY, That I attended deceased from Oct 6 1936 to Oct 13 1936I last saw her alive on Oct 13 1936 Death is saidto have occurred on the date stated above, at 11:58 a.m.

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

SenescenceDate of onset 10-6Other contributory causes of importance: 11-13

Name of operation _____ Date of _____

What test confirmed diagnosis? Cholera as 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) C. E. Surod M. D.(Address) Pleasant Hill, 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.

