

DEC 18 1936

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

Do not use this space.

40663

1. PLACE OF DEATH

County Chariton
Township Brunswick
City Brunswick (No. _____)

Registration District No. 169
Primary Registration District No. 4098

File No. _____
Registered No. 48
St. _____ Ward _____

2. FULL NAME ORISSA 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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4 - 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 4 26

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. Housework
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) Brunswick Mo13. NAME Saw Wheeler14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brunswick Mo15. MAIDEN NAME Ella Adams16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bee Spring Co. Mo17. INFORMANT (ADDRESS) Richard Cooper Brunswick Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Brunswick DATE Dec 2, 193619. UNDERTAKER (ADDRESS) L. H. Adams Brunswick Mo20. FILED Dec. 1, 1936 Harry E. Tatum Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 30, 193622. I HEREBY CERTIFY, That I attended deceased from 5-18-36, 1936, to 11-28-36, 1936I last saw her alive on 11-29-1936, 1936. Death is said to have occurred on the date stated above, at 12.50 p.m.

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

Be it Resolved:
1. Pneumonia
2. Abdominal Tumor
Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Tumor Was there an autopsy? _____23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1936Where 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) John M. Wilson M. D.(Address) Brunswick Mo



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1. PLACE OF DEATH

County Chariton

Registration District No. 169

File No. _____

Township _____

Primary Registration District No. 4098

Registered No. 78

City Brunswick (No. _____)

St. _____ Ward _____

2. FULL NAME Prissa 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ma

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 43 4 26

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19__

19. UNDERTAKER (ADDRESS)

20. FILED Jan 30 1937 Harry E. Eaton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19__, to _____, 19__.

I last saw him _____, 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:

Brought disease acute pregnancy Date of onset _____

abdominal tumor

Other contributory causes of importance: history of tumor

embryonic tissue

evidence of pregnancy

Name of operation _____ Date of _____

What test confirmed diagnosis _____ Was there an autopsy? _____

23. If death was due to external causes, 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) John M. Wilson, M. D. (Address) Brunswick mo

SAMPLE

CAUSE OF DEATH IN plain terms so that it may be properly understood

S-40663