

MISSOURI STATE BOARD OF HEALTH

JAN 21 1937

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

41844

1. PLACE OF DEATH

County McDonald
Township Center
City (No., St., Ward)

Registration District No. 1167
Primary Registration District No. 6690

File No.
Registered No. 53

2. FULL NAME

William Harrell 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 13 1936

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

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1936, to Nov. 13, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-27-1920

I last saw him alive on same date, 19... Death is said to have occurred on the date stated above, at 9 p. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 16

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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.....

Date of onset Previous Fall

Heart trouble (Blue Baby)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo.

Other contributory causes of importance 152

13. NAME Ellis Cooper

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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

15. MAIDEN NAME Iona Shirkland

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

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

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Ellis Cooper

Manner of injury
Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE Roller Camp DATE Nov 14, 1936

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

19. UNDERTAKER (ADDRESS) Bella Funeral Home

(Signed) J. F. Edwards, M. D.

20. FILED Jan. 7, 1937 Ada Collins Registrar.

(Address) Stella

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.

