

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

Do not use this space.

MAY 15 1937

1. PLACE OF DEATH

County Jackson

Registration District No. 399

File No. 15250

Township Jackson

Primary Registration District No. 1002

Registered No. 1755

City Jackson City (No. 42-C Gen. Hosp)

St. _____ Ward _____

2. FULL NAME Webb Cooper

(a) Residence, No. 4127 E. 14th Terrace Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m. 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 26, 1865

7. AGE YEARS 72 MONTHS 2 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.

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. Ice Man

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Melvane (STATE OR COUNTRY) Kans.

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Elizabeth Lopez (ADDRESS) 4127 E. 14th Terr

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE April 15, 1937

19. UNDERTAKER Rose Henderson (ADDRESS) 15th Jackson

20. FILED Apr. 15, 1937 M. M. Browne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-13 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-9 1937 to 4-13 1937

I last saw him alive on 4-13 1937 Death is said to have occurred on the date stated above, at 11:30 AM

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

Cerebral Encephalomalacia; Cardiac Hypertrophy; Chronic Glomerular Nephritis

Date of onset

Other contributory causes of importance: 131

Name of operation None Date of _____

What test confirmed diagnosis? Autopsy 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) P. H. De Maria, M. D.

(Address) D. C. Gen. Hosp

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.

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