

AUG 11 1937

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

Do not use this space.

26462

1. PLACE OF DEATH

County Jackson
Township K. W.
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. St. Lutes Hospital)

File No. _____
Registered No. 5175
St. _____ Ward)

2. FULL NAME

Sarah J. Cooper

(a) Residence, No. 3251 E 28th St., Ward.

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Roland J. Cooper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 18, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 5 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Lynn Co. Mo.

13. NAME George A. Barnes

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

15. MAIDEN NAME Susan Morris

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

17. INFORMANT Orville W. Cooper (ADDRESS) 3515 E 34th

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olive Cemetery DATE July 31, 1937

19. UNDERTAKER D.W. Newcomer's Sons (ADDRESS) Brush Creek & Posea

20. FILED July 29, 1937 M.M. Crowe, Ass't Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1937, to July 29, 1937. I last saw him alive on July 29, 1937. Death is said to have occurred on the date stated above, at 5:30 am. The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
93c

Date of onset Jan. 1937

Other contributory causes of importance: Bilateral Hydrothorax

undrawn

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? No
If so, specify _____

(Signed) Kenneth A. Davis, M. D.
(Address) 3301 Woodland
Kansas City 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.

