

AUG 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Clark Registration District No. 198
Township Des Moines Primary Registration District No. 2270
City (No. St. Ward)

File No. 26983

Registered No.

2. FULL NAME

Matthew Cooley
(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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widow'd
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Emma Hester Cooley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 7, 1854

7. AGE YEARS 82 MONTHS 9 DAYS 6
If LESS than 1 day, hrs. or min.

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

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) Des Moines, Iowa
(STATE OR COUNTRY) Clark Co. Missouri

13. NAME Matthew Cooley

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

15. MAIDEN NAME Catherine Hamilton

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

17. INFORMANT Mrs. Jas. Paulkins
(ADDRESS) Wayland, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wolf Cemetery DATE July 15, 1937

19. UNDERTAKER H. F. Kirches
(ADDRESS) Wayland, Mo.

20. FILED 7/14 1937 H. F. Kirches
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1936 to July 13, 1937
I last saw about alive on July 13, 1937. Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:
Chronic valvular heart disease

Other contributory causes of importance:
not known

Name of operation Date of operation

What test confirmed diagnosis? 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, 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) J. M. Riggs, M. D.

(Address) Wayland

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.

