

OCT 14

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

Do not use this space.

1. PLACE OF DEATH

County Dickinson Registration District No.
Township Primary Registration District No.
City St. Joseph, (No. 3106 Lafayette) St. Ward)

File No. 33649
Registered No. 952

2. FULL NAME

David Lorenzo Cooper,
3106 Lafayette

(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 11 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 (write the word) Widowed,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12, 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
01 4 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer,
10. Date deceased last worked at this occupation (month and year) Nov. 1917 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray County, Missouri,

13. NAME John Cooper,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Missouri,

15. MAIDEN NAME Unknown,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Missouri,

17. INFORMANT (ADDRESS) John Cooper, 3106 Lafayette St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph, Mo. DATE Sept. 3rd, 1937

19. UNDERTAKER (ADDRESS) Winton B. Baker, Bowman, 225 E. 10th St., J. W. Young, St. Joseph, Mo.

20. FILED Sept 3, 1937 H. J. Nestlebaum Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1st, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1937 to Sept 1, 1937
I last saw him alive on Sept 1, 1937 Death is said to have occurred on the date stated above, at 4:00 p. m.

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

Arterio-sclerosis, general Date of onset ?
Arterio-sclerosis, kidney disease

Other contributory causes of importance: Uræmia 131 8-29-37

Name of operation Plastic Date of
What test confirmed diagnosis Plastic Was there an autopsy? No

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) S. O. Jensen M. D.
(Address) St. Joseph, 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.

