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.

OCT 18 ...

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

Do not use this space.

33775

1. PLACE OF DEATH

County: Buchanan — Registration District No. 86 — File No.

Township: Washington — Primary Registration District No. 5127 — Registered No. 57

City: St. Joseph (No. East Karnes Road. St. Ward)

2. FULL NAME Lillie Jane Cooper

(a) Residence, No. E. Karnes Road. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Edward R. Cooper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 30, 1885

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	52	7	13	

OCCUPATION

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): Nodaway Co., Mo.

FATHER

13. NAME: George Rogers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk. Tenn.

MOTHER

15. MAIDEN NAME: Mary Perry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk. Tenn.

17. INFORMANT (ADDRESS): Edward R. Cooper R.F.D.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Mt. Auburn DATE: Sept. 15, 1937

19. UNDERTAKER (ADDRESS): Walter Meinhoffer 1302 Faraon St. St. Joseph, Mo.

20. FILED: Sept. 14, 1937 B. W. Tadlock M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 13, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1937, to Sept 13, 1937

I last saw her alive on Sept 1, 1937 Death is said to have occurred on the date stated above, at 3.15 m. A.M.

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

Carcinoma of gall Bladder with metastasis to liver

Date of onset

Other contributory causes of importance: 46

Name of operation: Exploratory Date of May 5 '37

What test confirmed diagnosis? Path. 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) W. K. Wallace, M. D.

(Address) 301 No. 8th. St. St. Joseph, Mo.