

OCT 22 1937 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

34259

1. PLACE OF DEATH

County Greene Registration District No. 318  
Township Scampbell Primary Registration District No. 2001  
City Springfield (No. 792 College) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 941  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Bernice E Cooper

(a) Residence, No. 792 College 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. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX J 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 Albert S. Cooper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
62

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife  
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) N. Y.

13. NAME Jeff Moon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y.

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Albert S. Cooper  
792 College

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Green Lawn DATE Sept 29, 1937

19. UNDERTAKER (ADDRESS) 3 Boyd W. P. Co.  
629 W. Washington

20. FILED Sept 29, 1937 Charl. H. George Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8, 5, 37, 19, to 9, 28, 37, 19

I last saw her alive on 9, 28, 37, 19. Death is said

to have occurred on the date stated above, at 1:50 p.m.

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

Diabetes Mellitus Date of onset 1930

Other contributory causes of importance: 59

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis Phys-Chem 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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) J. J. Musick M. D.

(Address) Springfield, Missouri

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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31

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