

DEC 23 1937

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

Do not use this space.

## 1. PLACE OF DEATH

 County Newton  
 Township Van Buren  
 City Newton (No. 10)

 Registration District No. 612  
 Primary Registration District No. 5814

 File No. 42007  
 Registered No. \_\_\_\_\_

## 2. FULL NAME

George H. Cooper
 (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 M 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 Alice Cooper
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 5 - 1871
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
66 0 21

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

 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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springdale Ark.13. NAME Wm. M. Cooper14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn15. MAIDEN NAME Elvira Simpson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn17. INFORMANT Mrs. George Cooper(ADDRESS) Newton Mo.18. BURIAL, CREMATION, OR REMOVAL Carroll cemetery DATE Nov 28 193719. UNDERTAKER Wm. Wessell Jr.(ADDRESS) Alice City Mo.20. FILED 11-27 1937 Wm. Wessell Jr. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11 - 26 1937

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. dead on 11 - 26 1937, Death is said to have occurred on the date stated above, at 1 A. m.

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

Cause Unknown Probable Organic heart attack  
Found dead in bed. Date of onset
Other contributory causes of importance: NoneNatural causes

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

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? no 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) Earl Thompson  
 (Address) Newton Mo.

WRITE PLAINLY WITH FADING INK... THIS IS A PERMANENT RECORD

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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