WRITE PLAINLY, WITH UNFADING 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.

JAN 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County Carroll — Registration District No. 135 — File No. 44981

Township — Primary Registration District No. 3010 — Registered No. 102

City Carrollton, Mo (No. ..., ... St. ..... Ward)

2. FULL NAME Laura Belle Cooley

(a) Residence, No. 114 No. Main St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Female
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 Aaron H. Cooley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 7, 1858

7. AGE: YEARS 79 — MONTHS 2 — DAYS 26 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2.35
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) New London Mo. 1

FATHER

13. NAME Philip Franklin Field 2
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Ky 2

MOTHER

15. MAIDEN NAME Lucy M Barnett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Ky

17. INFORMANT (ADDRESS) Mrs. Wm Van Tassell Carrollton Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill Carrollton Mo DATE 12-5, 1937

19. UNDERTAKER (ADDRESS) Willis Funeral Home Carrollton Mo.

20. FILED 12-4, 1937 Ruth Haskin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-3-, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-31, 1935, to 12-3, 1937

I last saw her alive on 12-3-, 1937. Death is said to have occurred on the date stated above, at 9:20 p.m.

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

	Date of onset
Carcinoma uterus	?

Other contributory causes of importance: 48

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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) William G. Atwood M. D.

(Address) Carrollton, Mo.