JAN 18 1938

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

Do not use this space.

1. PLACE OF DEATH

County: Grundy — Registration District No.: 329 — File No.: 45474

40 Township: Wilson — Primary Registration District No.: 57-95 — Registered No.:

City: Laredo (No. ..... St. ..... Ward)

2. FULL NAME Almira Johnson 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	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 L. A. Cooper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 25 1880

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
57	7	27	

OCCUPATION

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) Livingston Co Mo

FATHER

13. NAME T. F. Ayers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Livingston Co Mo

MOTHER

15. MAIDEN NAME Frances Hargrove

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Livingston Co Mo

17. INFORMANT L. A. Cooper
(ADDRESS) Laredo Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rural Dale DATE 12-18 1937

19. UNDERTAKER E. L. Robertson
(ADDRESS) Laredo Mo

20. FILED Dec 30 1937 J. C. Humphreys
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16 1937

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ on 12/16 1937, to ....., 19....

I last saw h~~er~~ alive on Dec 16 1937. Death is said to have occurred on the date stated above, at 4-5 p.m.

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

	Date of onset
Lobar Pneumonia	12/9/37
DS	
Other contributory causes of importance: Improper Nourishment by Chiropractor	

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) [illegible], M. D.

(Address) .....

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.