

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

Do not use this space.

2621

1. PLACE OF DEATH

County Monroe Registration District No. 276
 Township Wood Primary Registration District No. 5389
 City Prior (No. _____) St. _____ Ward _____

2. FULL NAME

(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 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Milton Cooper

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18 49

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
91 6 6

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.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation all her life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lafayette Tenn

13. NAME Jane Cooper

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

15. MAIDEN NAME Jane Hensley

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

17. INFORMANT E. J. Cooper (ADDRESS) Prior

18. BURIAL, CREMATION, OR REMOVAL PLACE City Hall DATE Oct 8 1938

19. UNDERTAKER Neighbors (ADDRESS)

20. FILED Jan. 13, 1938 Trilba Sims Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 6 1937

22. HEREBY CERTIFY, That I attended deceased from Oct 3 1937 to Oct 6 1937

I last saw him alive on Oct 5 1937 Death is said to have occurred on the date stated above, at 11 P. m.

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

Old age Date of onset

Other contributory causes of importance: Informative of old age

Name of operation none 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? none 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) H. J. James M. D.

(Address) 1111 Pershing Ave

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.

RECEIVED

FEB 24 1938

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