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.

MAY 9 1938

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 1002 — File No. 13759
Township Kaw — Primary Registration District No. — Registered No. 1739
City Kansas (No. St. Joseph Hospital St. Ward)

2. FULL NAME William Henry Cooper 160
(a) Residence, No. 1434 E. 49 Terrace 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 15, 1921
7. AGE: YEARS 16 — MONTHS 10 — DAYS 9 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Junior
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Paseo High School
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Oklahoma 1

FATHER
13. NAME: Robert E Cooper 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas

MOTHER
15. MAIDEN NAME: Emma Binion
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Texas

17. INFORMANT (ADDRESS): Robert E Cooper 1434 E 49 Terrace
18. BURIAL, CREMATION, OR REMOVAL
PLACE Topeka K.S. DATE April 27 1938
19. UNDERTAKER (ADDRESS): Owen Comets Sons Brushcreek + Paseo
20. FILED 4-25, 1938 M. M. Crowe, ass't Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 24, 1938
22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19.... I last saw him alive on ....., 19.... Death is said to have occurred on the date stated above, at 3 m.
The principal cause of death and related causes of importance were as follows:
Automobile Traumatic
Fracture of Skull
Extradural Hemorrhage
Date of onset
Other contributory causes of importance: 210 M
21
Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy?
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 4-22-38
Where did injury occur? Paseo & Swope Pkwy KCM (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public
Manner of injury Fall from Truck
Nature of injury Fall Skull
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Russell W Dorr, M. D.
(Address) [illegible]