

REC'D JUN 24 1938

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

Do not use this space.

1. PLACE OF DEATH

County Shannon
Township Spring Valley
City (No)

Registration District No. 1077
Primary Registration District No. 6088

File No. 19691
Registered No. 14

2. FULL NAME

(a) Residence, No. 160
(Usual place of abode)

Jimmie Dale Cooper
St. Ward.

(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 <u>M.</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u> </u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 31 - 1938</u>		
7. AGE YEARS	MONTHS	DAYS
		If LESS than 1 day, hrs. min.
		<u>1 Day 4 hrs</u>

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation.
	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)	

12. BIRTHPLACE (CITY OR TOWN) Summersville
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Eli William Cooper

14. BIRTHPLACE (CITY OR TOWN) Atlanta
(STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Dorothy Norton

16. BIRTHPLACE (CITY OR TOWN) Hartshorn
(STATE OR COUNTRY) Missouri

17. INFORMANT Eli William Cooper, Father
(ADDRESS) Summersville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Flat Rock, Embury June 2 1938

19. UNDERTAKER Mr. Medlock - neighbor
(ADDRESS) Summersville, Mo.

20. FILED June 1, 1938 J. J. M. Dainich
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 31, 1938, to June 1, 1938
I last saw him alive on 6/1/1938. Death is said to have occurred on the date stated above, at 1:00 p.m.

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

Other contributory causes of importance:
161a

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? 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) J. J. M. Dainich, M. D.
(Address) Summersville Mo

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.

