

REC'D AUG 10 1938

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

Do not use this space.

1. PLACE OF DEATH

County Randolph
Township
City Madison Mo (No. _____) St. _____ Ward _____

Registration District No. 735
Primary Registration District No. 3034

File No. 26287
Registered No. 134

2. FULL NAME

(a) Residence, Not _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 6 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 Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED - HUSBAND OF (OR) WIFE OF Lola Coopes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 15 - 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
50 5 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Canner

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) 5 months 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Walter Charleston W. Va

13. NAME Alfred Coopes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Walter Mo

15. MAIDEN NAME Emma Moore

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Walter Mo

17. INFORMANT (ADDRESS) Louise Bailey (Daughter) 209 Patton St

18. BURIAL, CREMATION, OR REMOVAL PLACE Walterton DATE July 10 1938

19. UNDERTAKER (ADDRESS) Central Home

20. FILED July 9 1938 Ethel Blunt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7 - 1938

22. I HEREBY CERTIFY that I attended deceased from Mar. 26 1938 to July 7 1938

I last saw him alive on July 9 1938 Death is said to have occurred on the date stated above, at 1:50 P.M.

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

Tuberculous Tuberculosis (Date of onset _____)

Other contributory causes of importance: Tuberculous Astenia

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) H. A. Lacey, M. D.
(Address) Madison, 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.

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