

DEPT OCT 24 1938

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

32727
Do not use this space.

1. PLACE OF DEATH

(a) County Madison Registration District No. 538
(b) Township St Michael Primary Registration District No. 0723 Registered No. 74
(c) City (d) Street No.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 775 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

William Stewart Cooper 165
(a) Residence, No. Fredericktown St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Anne Matthews

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 18, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 9 13

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School Teacher
9. Industry or business in which work was done, as 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) Madison Co Missouri

FATHER 13. NAME Am. D. Cooper

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

MOTHER 15. MAIDEN NAME Elizabeth Rapdale

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

17. INFORMANT (ADDRESS) Orman Cooper Fredericktown

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Sept 4 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ed. N. Webb Fredericktown

20. FILED Sept 2 1938 S. C. S. Langley Local Registrar.

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 29 1938 to Sept 1 1938
I last saw him alive on Aug 31 1938. Death is said to have occurred on the date stated above, at 1:45 a.m.
The principal cause of death and related causes of importance were as follows:

Nephritis, Chronic Date of onset 1934
121
Other contributory causes of importance:
Hypertension

Name of operation Amputation Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) S. C. S. Langley, M. D.
Fredericktown (Address) 481

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.