

REC'D DEC 19 1938

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

Do not use this space.

39382

1. PLACE OF DEATH

48 County Jackson Registration District No. 398
 Township Whief Primary Registration District No. 554
 City Kansas City (No. 10132) (City or town) (Ward)
 2. FULL NAME Ms. Sarah Ella Cooper
 (a) Residence, No. 10132 St. Goef Ward Mr. Washington Mo.
 (Usual place of abode) (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William F Cooper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24 1860

7. AGE YEARS 78 MONTHS 5 DAYS 18 If LESS than 1 day, hrs. or min.

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

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

13. NAME Griffin Hall

14. BIRTHPLACE (CITY OR TOWN) no record (STATE OR COUNTRY) Tennessee

15. MAIDEN NAME Lucy Mitchell

16. BIRTHPLACE (CITY OR TOWN) no record (STATE OR COUNTRY) no record

17. INFORMANT (ADDRESS) Mrs. A. P. Neale

18. BURIAL, CREMATION, OR REMOVAL PLACE Heaton, Mo. DATE Nov. 13 1938

19. UNDERTAKER (ADDRESS) George C. Carson

20. FILED 11-15-38 F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-12-38

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 - 1938 to Nov-12-38
 I last saw her alive on Nov 12 - 38, 19... Death is said to have occurred on the date stated above, at 2:05 P.M.

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

Fracture of Hip -
Senility

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury Oct 20, 1938

Where did injury occur? by stone (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In Home

Manner of injury Fall in home
 Nature of injury Impacted fracture hip

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) J. W. Stink M.D. M. D.

(Address) (R. P. Stink M.D.)

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.

