

REC'D AUG 10 1939

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

Do not use this space.

1. PLACE OF DEATH

County AUDRAINTownship SALE ~~NEVER~~City MEXICO MORegistration District No. 26Primary Registration District No. 3002(No. 720 MuldrowFile No. 24911Registered No. 103

St. _____ Ward _____

2. FULL NAME NANNIE COOPER(a) Residence, No. 720 Muldrow St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 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

COLORED

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFELIHA COOPER

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

5-2-1855

7. AGE

YEARS

74

MONTHS

2

DAYS

8IF LESS than 1
day. _____ hrs.
or _____ min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Housework

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)New Bloomfield Mo

FATHER

13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Unknown

MOTHER

15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Unknown17. INFORMANT E. Cooper

(ADDRESS)

Mexico Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Elmwood Mexico Mo 7-13-193919. UNDERTAKER A. J. Reynolds

(ADDRESS)

Mexico Mo20. FILED July 12, 1939Blanche Neely
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10 193922. I HEREBY CERTIFY, that I attended deceased from March 23 1939, to July 10 1939.I last saw her alive on July 10, 1939. Death is said to have occurred on the date stated above, at 11:45 a.m.

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

Chronic Degenerative Myocarditis
Pulmonary Edema Date of onset 20 min

Other contributory causes of importance:

Hypertension Cardio-Vascular ?
Obese
Generalized Atherosclerosis ?Name of operation None Date of _____What test confirmed diagnosis? None Was there an autopsy? Yes23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury _____, 19____Where did injury occur? NoneSpecify whether injury occurred in industry, in home, or in public place.
no injuryManner of injury NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Harry J. O'Brien, M. D.(Address) Merica Missouri

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.

RECEIVED

District Health Officer No. 10

District File Number 8-39-1403

Date Filed AUG-8-1939