

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

31713
 Do not use this space.

1. PLACE OF DEATH

(a) County Adair Registration District No. 4
 (b) Township 1 Primary Registration District No. 3001 Registered No. 232
 (c) City Kirkville (d) Street No. 607 South Osteopathy St.
 (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 607 S. Osteopathy 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

3. SEX Male 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 Elmore Cooley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. - 9 - 1873

7. AGE YEARS 69 MONTHS 8 DAYS 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Coal Miner
 9. Industry or business in which work was done, as saw mill, bank, etc. Coal mine
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
 OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) Ballage Mound (STATE OR COUNTRY) Missouri

13. NAME Jack Cooley

14. BIRTHPLACE (CITY OR TOWN) Macon Co. Missouri (STATE OR COUNTRY)

15. MAIDEN NAME Mary E. Bradley

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

17. INFORMANT (ADDRESS) Ed Cooley 607 S. Osteopathy

18. BURIAL, CREMATION, OR REMOVAL PLACE Winger Cemetery DATE 9-28- 1939

19. FUNERAL DIRECTOR (NAME) Mr. Dee Riley (ADDRESS) Kirkville Mo.

20. FILED Sept 27 1939 Spencer L. Freeman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26 . 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1939, to Sept 26, 1939

I last saw him alive on Sept. 23, 1939. Death is said to have occurred on the date stated above, at 12:35 P.M. Sept 26
 The principal cause of death and related causes of importance were as follows:

coronary atherosclerosis
bronchitis
cardiac asthma
9562

Other contributory causes of importance:

Name of operation none Date of no
 What test confirmed diagnosis? Physical Was there an autopsy? no

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) Joseph E. Rigby - M.D.
 (Address) Hamilton Hotel, Kirkville, Mo.

RECEIVED

District Health Officer No. 10

District File Number 10-39-1780

Date Filed OCT-10-1939

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County Adair

Registration District No. 4

(b) Township Kirkville

Primary Registration District No. 3601

(c) City Kirkville

(d) Street No. Washington

(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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Washington Talbert Cooley

(a) Residence, No. Washington Talbert Cooley St. Washington Talbert Cooley

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m

4. COLOR OR RACE w

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-9-1873

7. AGE YEARS MONTHS DAYS If LESS than 1
66 69 8 17 day, hrs. min.

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR
(ADDRESS)

20. FILED Nov. 6, 1939 Spencer L. Freeman
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-26, 1939

22. I HEREBY CERTIFY, That I attended deceased from
to

I last saw h. alive on , 19. Death is said

to have occurred on the day stated above, at m.

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

Date of onset

Other contributory causes of importance:

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) Joseph E. Bigley, M. D.

(Address) Kirkville

