

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.

NOV 22 1939

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

Do not use this space.

36278

1. PLACE OF DEATH
County Jackson Registration District No. 398
Township Blue Primary Registration District No. 3019
City Independence, Mo. (No.), Independence San. St. Ward

2. FULL NAME William Blewford Cooper
(a) Residence, No. 401 S. Grands St. Ward Lee's Summit, 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Annie E. Cooper</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-25-1852</u>				
7. AGE	YEARS <u>87</u>	MONTHS <u>2</u>	DAYS <u>22</u>	If LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Stone Mason,</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>			
	10. Date deceased last worked at this occupation (month and year) <u>10-10</u>		11. Total time (years) spent in this occupation <u>All</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bardstown, Ky.</u>				
FATHER	13. NAME <u>Blewford Cooper</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unk.</u>			
MOTHER	15. MAIDEN NAME <u> </u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u> </u>			
17. INFORMANT <u>J. B. Cooper</u> (ADDRESS) <u>Lee's Summit, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lee's Summit, Mo.</u> DATE <u>10-17-39</u>				
19. UNDERTAKER <u>N. B. Langsford</u> (ADDRESS) <u>Lee's Summit, Mo.</u>				
20. FILED <u>10-20-39</u> <u>J. L. Coak</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/17 1939

22. I HEREBY CERTIFY, That I attended deceased from 10-9, 1939, to 10-17, 1939
I last saw h. alive on 10-17, 1939. Death is said to have occurred on the date stated above, at 9:50 p.m.
The principal cause of death and related causes of importance were as follows:
Bronch. pneumonia 10-9-39
myocarditis yes
Other contributory causes of importance: 10/17

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? 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) M. D.
(Address) Independence Mo

Dr. Coak

Felix Benz

Reg. Apprentice # 179

L. M. Klein
Mo. Emb. Lic. # 3156
Independence Mo.