NOV 24 1939

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

Do not use this space.

36882

File No.
Registered No.

1. PLACE OF DEATH
County: Ellis
Township: Heath Creek
City: (No. St. Ward)
Registration District No.: 670
Primary Registration District No.: 5896

2. FULL NAME: Mary Elizabeth Cooper
(a) Residence, No. (Usual place of abode): Route 1, Beaman Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred: 45 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: James Cooper
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 12, 1864
7. AGE: Years 75 Months 7 Days 1 If 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.: Housewife
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): Hickory County Missouri

FATHER
13. NAME: James Gregory
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Martha Walker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hickory County Mo.

17. INFORMANT (ADDRESS): W. E. Cooper Route 1, Beaman, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Iron Cemetery DATE: 9/14 1939
19. UNDERTAKER (ADDRESS): Durand Curry Sedalia, Mo.
20. FILED: Nov. 7 1939 Flossie Ferguson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 9/13 1939
22. I HEREBY CERTIFY, That I attended deceased from June 1 1939 to 9/13 1939
I last saw her alive on Sept 6 1939 Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular	
Heart Disease	Outlive

Other contributory causes of importance: Nephritis Chronic Dk

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) Robert R. Fogle, M. D.
(Address) Beaman Mo

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. 8
District File Number
Date Filed 11/9/39