

337 MAR 28 1939

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

Do not use this space.

1. PLACE OF BIRTH

County Lincoln
Township Sibley
City Sibley

Registration District No. 490
Primary Registration District No. 4292

File No. 40137
Registered No. 12
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

Mr. Lucy Cooper 160

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

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

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5 - 1939, to Nov. 26 - 1939
I last saw her alive on Nov. 26 - 1939. Death is said to have occurred on the date stated above, at 12:25 m.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 15 - 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 9 21

Other contributory causes of importance:

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

Cerebral Hemorrhage

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

Arterio-Sclerosis

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tayette, Ill. / Macpherson, Ia.

13. NAME Jungston Moore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Highwood, Ill.

15. MAIDEN NAME Sarah Melton

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

17. INFORMANT (ADDRESS) Mr. B. C. Peague, Sibley, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Carlinsville, Ill. 11-26-1939

19. UNDERTAKER (ADDRESS) Otto Kiechenberg, Carlinsville, Ill.

20. FILED 11-26-1939 O. H. Damon Registrar

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? If so, specify _____

(Signed) O. H. Damon, M. D.
(Address) Sibley, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

