

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

Do not use this space.
30285

1. PLACE OF DEATH

County *Henry*
Township *Hudson*
City *Hudson* (No.)

Registration District No. *14*
Primary Registration District No. *4211*

File No.
Registered No. *33*
St. Ward)

2. FULL NAME

Henry Clay Cooper

(a) Residence. No. St. Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male*
4. COLOR OR RACE *Colored*
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *married*
6. DATE OF BIRTH (MONTH, DAY AND YEAR) *3/17/1873*
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
55 5 20

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *Coal miner*
(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (CITY OR TOWN) *Johnson Co Mo*
(STATE OR COUNTRY)

10. NAME OF FATHER *Unknown*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Unknown*
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Malinda Cooper*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Johnson Co Mo*
(STATE OR COUNTRY)

14. INFORMANT *Amanda Cooper*
(Address)

15. FILED *Sept 9 28* REGISTRAR *T. J. Dunham*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *9/9 1928*
17. I HEREBY CERTIFY That I attended deceased from *June 3rd* in *Hudson* Mo. that I last saw him alive on *Sept 7th 1928* and that death occurred, on the date stated above, at *11* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

mitred Insufficiency
9/9 (duration) yrs. mos. da.

CONTRIBUTOR (SECONDARY) *POW* (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRAICTED IF NOT AT PLACE OF DEATH. *no*

19. DID AN OPERATION PRECEDE DEATH? *no* DATE OF

WHAT TEST CONFIRMED DIAGNOSIS *element*
(Signed) *T. J. Dunham*
Address *Hudson*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION OR REMOVAL *Laurel Oak Bur* DATE OF BURIAL *9/9 1928*

20. UNDERTAKER *H. H. Walker* ADDRESS *Hudson*

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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