

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

24840
File No. _____
Registered No. 301
St. _____ Ward)

1. PLACE OF DEATH
County, DeWitt Registration District No. 348
Township, Bridge Primary Registration District No. 4206
City, Brownington
2. FULL NAME William Harrison 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug-22-1845
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min. 86 | 11 | 1
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____
9. BIRTHPLACE (CITY OR TOWN) Curusey Co. Ohio
(STATE OR COUNTRY)
10. NAME OF FATHER Jonathan Cooper
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Virginia
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary Ann Marten
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Virginia
(STATE OR COUNTRY)

14. INFORMANT John Cooper
(Address) Brownington Mo.
15. FILED July 24 31 C. D. Taylor, M.D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 23 1931
17. I HEREBY CERTIFY, That I attended deceased from Mar 4 31 to July 23 31, 1931
that I last saw h. alive on July 23 31, 1931, and that death occurred, on the date stated above, at 3:00 p.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hemiplegia of left side
82D
132A
CONTRIBUTORY Cyelo Nephritis
(SECONDARY) (duration) yrs. 4 mos. 19 da.
(duration) yrs. 4 mos. 19 da.
18. WHERE WAS DISEASE CONTRACTED _____
IF AT THAT PLACE OF DEATH _____
19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) C. D. Taylor M. D.
(Address) Brownington Mo.
*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 Brownington Cemetery DATE OF BURIAL July 24 1931
20. UNDERTAKER James Spore, Clinton Mo. ADDRESS _____

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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