

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.

JUN 23 1934

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

Do not use this space.

16470

1. PLACE OF DEATH
 49 County Gasper Registration District No. 411
 7 Township Lafayette Primary Registration District No. 2002
 5 City Gosport (No. _____) St. _____ Ward _____

2. FULL NAME Haney Angelina Cooley
 (a) Residence, No. _____ (Usual place of abode) 1509 W. C St Ward _____
 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)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF F. S. Cooley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 1, 1874

7. AGE YEARS 88 MONTHS 1 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.

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.

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) Clowna 2

13. NAME Wm Black

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lower

15. MAIDEN NAME Catherine Rice

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ingleside

17. INFORMANT Reuben Herman (ADDRESS) Gosport

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Park DATE 5-19

19. UNDERTAKER Hurlbut and Co (ADDRESS) Gosport

20. FILED 74 1934 Anderson Registrar

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-2-32 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1931, to 5-2 1932
 I last saw her alive on 5-2 1932 Death is said to have occurred on the date stated above, at 9-30 P.M.
 The principal cause of death and related causes of importance were as follows:
Chronic endocarditis
92 A
92 A
 Other contributory causes of importance: (1)

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.

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) _____, M. D.
 (Address) Gosport

