

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

Do not use this space.

**JUN 2 1 1937**

20154

1. PLACE OF DEATH  
 County Henry Registration District No. 347  
 Township Clinton Primary Registration District No. 3018  
 City Clinton (No. 2) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Jennie E. Cooney  
 (a) Residence, No. 505 E Grand 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo Cooney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 21 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
73 7 16

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

13. NAME Alvin Strickland

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

15. MAIDEN NAME Dont know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

17. INFORMANT (ADDRESS) Mrs Ella clay Clinton mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Buried DATE 5/9 37

19. UNDERTAKER (ADDRESS) Corcoran & Reck Clinton mo

20. FILED May 10 1937 J R Hampton Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7 1937  
 22. I HEREBY CERTIFY, That I attended deceased from Mar 12 1937 to May 6 1937  
 I last saw her alive on May 6 1937 Death is said to have occurred on the date stated above, at 1:45 A.M.

The principal cause of death and related causes of importance were as follows:  
Carcinoma of Stomach  
 Date of onset \_\_\_\_\_  
Weakness from starvation  
General debilitation

Other contributory causes of importance:  
Weakness from starvation  
General debilitation

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 3  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_

(Signed) Geo Strickland M. D.  
 (Address) Clinton mo

