

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

Do not use this space.

DEC 14 1934

38702

1. PLACE OF DEATH

County Callaway
Township Fullton
City Fullton (No., St. Ward)

Registration District No. 104
Primary Registration District No. 3008

File No.
Registered No. 271
St. Ward)

2. FULL NAME

(a) Residence, No. Marshall, Mo. 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. 2 mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elizabeth Cooper</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Don't know</u>		
7. AGE <u>about 84</u>	YEARS <u>—</u>	MONTHS <u>—</u>
	DAYS <u>—</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>—</u>	
	10. Date deceased last worked at this occupation (month and year) <u>—</u>	
11. Total time (years) spent in this occupation <u>—</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Latic Cooper Co. Mo.</u>		
FATHER	13. NAME <u>Jacob Cooper</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Langan</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	
17. INFORMANT <u>Records of State Hospital #1</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>California Mo</u> DATE <u>Nov 6 1934</u>		
19. UNDERTAKER <u>Wandner Mortuary</u> <u>Marshall Mo</u>		
20. FILED <u>Nov 11 1934</u> <u>R. H. Grew</u> Registrar		

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 7 1934 to Nov 3 1934

I last saw him alive on Nov 3 1934 Death is said to have occurred on the date stated above, at 6:30 P. M.

The principal cause of death and related causes of importance were as follows:

186A Arteriosclerosis
191B Broncho-pneumonia
107A

Other contributory causes of importance:
Impacted fracture of head of left femur

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)

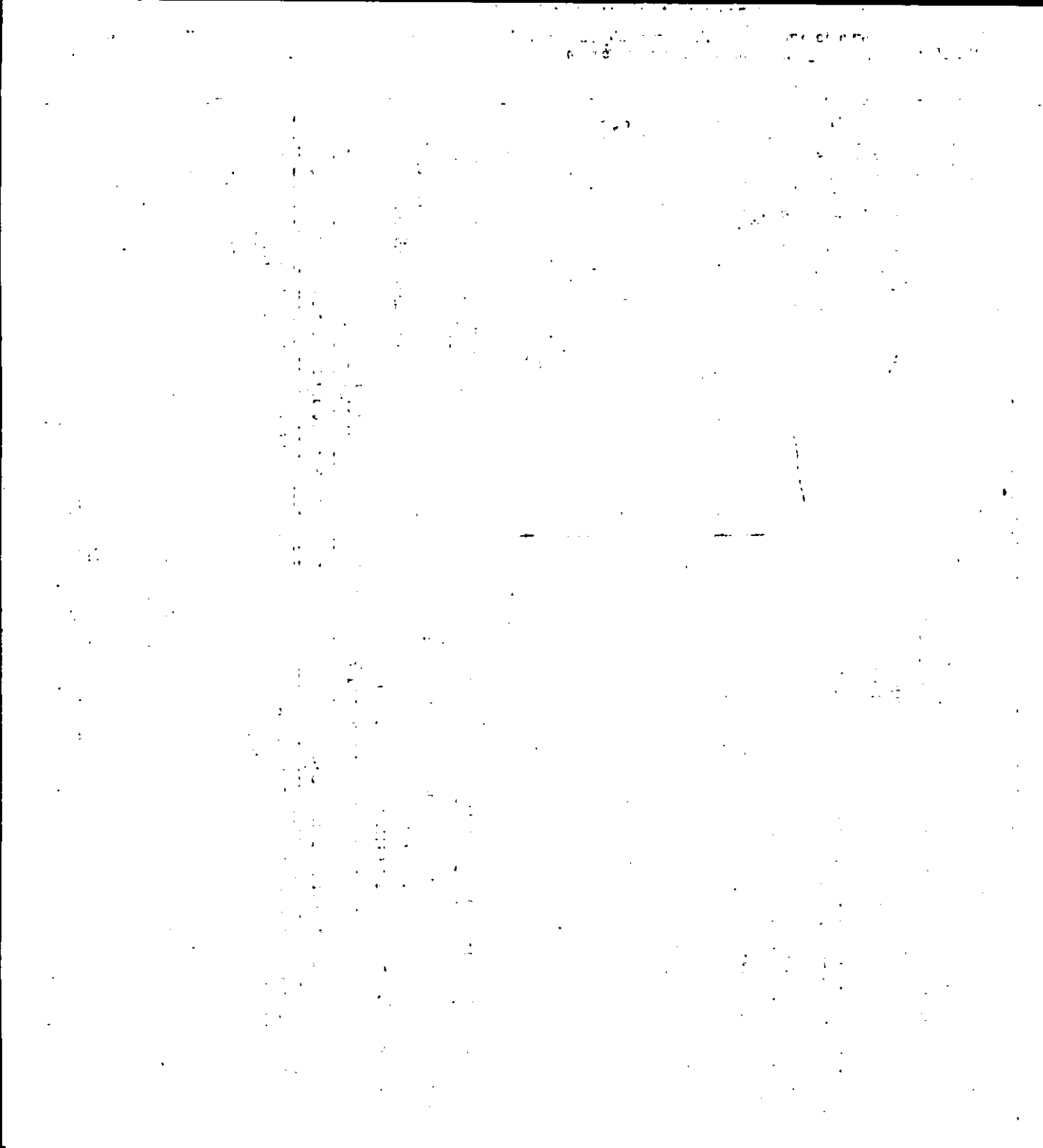
Specify whether injury occurred in industry, in home, or in public place:

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? yes
If so, specify Impacted fracture of left hip

(Signed) R. H. Grew M. D.
(Address) Fullton, Mo.



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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Callaway

Township Fullon

City Fullon

Registration District No. 104

Primary Registration District No. 3008

File No.

Registered No. 271

St. Wardy

2. FULL NAME

(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

m

4. COLOR OR RACE

w

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

w

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

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

AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

84

OCCUPATION

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)

FATHER
MOTHER

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. UNDERTAKER
(ADDRESS)

20. FILED Nov 4 1934

R. D. Crews

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 3 1934

22. I HEREBY CERTIFY, That I attended deceased from

to, 19....

I last saw h. alive on, 19.... Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Impacted fracture of Date of onset

left right femur of

Other contributory causes of importance:

180

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 Fell on floor

Nature of injury Impacted fracture of left hip

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.

(Address)

JAN 28 1935

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