

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

Do not use this space.

1. PLACE OF DEATH

County.....Jackson..... Registration District No.....
Township.....Kaw..... Primary Registration District No.....
City.....Kansas City..... (No. 4275 Jefferson..... St.

File No. 9016
Registered No. 1120
St. Ward

2. FULL NAME John P. Cooper,

(a) Residence. No. 4275 Jefferson St., 7 Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male | White | Widowed

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

Nancy Cooper

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 15 1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ____ hrs. or ____ min.
	<u>70</u>	<u>10</u>	<u>2</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... Cigar clerk
(b) General nature of industry, business, or establishment in which employed (or employer)..... Ret. 15 yrs
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) U.S.A.

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) U.S.A.

14. INFORMANT G. Carl Cooper,
(Address) 4275 Jefferson St

15. FILED 3-17-28 M. M. Crowe
act REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 17, 1928

17. I HEREBY CERTIFY That I attended deceased from Feb. 28, 1928, to Mar 17, 1928
that I last saw him alive on Mar 15, 1928, and that death occurred, on the date stated above, at 10:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

73 Chronic myocarditis
1150700
(duration) 1 yrs. mos. da.
CONTRIBUTORY Focal infection (teeth)
(SECONDARY)
(duration) 2 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings
(Signed) J. P. [Signature], M. D.
3/17/1928 (Address) 2855 S.W. Blvd.

*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 | DATE OF BURIAL

<u>California No.</u>	<u>Mar. 19 19 28</u>
20. UNDERTAKER <u>H. W. Gates</u>	ADDRESS <u>K.C.Ks.</u>

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.

