

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

Do not use this space.

6353

1. PLACE OF DEATH

County Jackson Registration District No. 398
 Township Blue Primary Registration District No. 3019
 City Independence (No. 30197 Main) St. _____ Ward _____

File No. _____
 Registered No. 72

2. FULL NAME Mrs. Emma S. 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

2. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 20th 1849

7. AGE Years 80 Months 1 Days 5 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. General Nurse
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

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

10. NAME OF FATHER unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Mo.

14. INFORMANT B. O. Cooper
 (Address) 249 Main St. Independence Mo

15. FILED 2-25-29 F. L. Cook
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 25 1929

17. I HEREBY CERTIFY That I attended deceased from Nov. 20 1928 to Feb. 22 1929 that I last saw her alive on Feb. 22 1929, and that death occurred, on the date stated above, at 7:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1. Traumatic Pneumonia
97

CONTRIBUTORY Senile Arterio sclerosis
 (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) E. H. Allen M. D.

Feb. 25, 1929 (Address) Independence, 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 DATE OF BURIAL

Confederate Home Hospital 124

20. UNDERTAKER W. S. Wadler ADDRESS Independence, Mo

N. R.—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.

MAR 22 1929

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2

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THIS IS A PERMANENT RECORD

