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

Do not use this space.

28043

1. PLACE OF DEATH
County Jackson — Registration District No. 400 — File No.
Township [redacted] — Primary Registration District No. 4233 — Registered No. 110
City Lees Summit Hospital (No. ..... St. ..... Ward)

2. FULL NAME Harry Marshal 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. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 21 1899

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
30	✓	✓	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

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

PARENTS
10. NAME OF FATHER Tom Cooper
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Boonsborough (STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Willie Pack
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Petersburg (STATE OR COUNTRY) W. Va.

14. INFORMANT Mrs. Harry Cooper
(Address) Pleasant Hill Mo.

15. FILED Aug 28 1929 W. S. James REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 21 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug. 18, 1929, to Aug 21 1929 that I last saw him alive on Aug 18 1929, and that death occurred, on the date stated above, at 8 - P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Perforated Ulcer of Duodenum.
(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY) None
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH Same.
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS Operation & Autopsy
(Signed) J. R. Rapsolate M. D.
8-29 1929 (Address) Lees Summit 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
Lees Summit Cemetery	Aug. 23 1929
20. UNDERTAKER Fields James Co.	ADDRESS Lees Summit Mo.