

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

Do not use this space.

13926

1. PLACE OF DEATH

County Henry Registration District No. 347
 Township Clinton Primary Registration District No. 5488
 City Clinton (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 5-1

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-11-1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	71	5	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 535

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) Cass County Missouri

13. NAME Tom Alexander

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Hardin Cooper
 (ADDRESS) Clinton, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Hopewell DATE 4-8-1931

19. UNDERTAKER W. H. SIMS
 (ADDRESS) Clinton, Missouri.

20. FILED 4/11 1931 Ed C. Peeler
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8, 1931

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1931, to April 8, 1931. I last saw her alive on April 8, 1931. Death is said to have occurred on the date stated above, at 9 A. m.

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

Cardio-Respiratory Disease Date of onset _____
Vascular Disease

Other contributory causes of importance: 131

Name of operation _____ Date of _____
 What test confirmed diagnosis? Cholera 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? _____

If so, specify _____ (Signed) W. H. Sims, M. D.
 (Address) Clinton

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.

MAY 23 1931

