

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

Do not use this space.

28144

**1. PLACE OF DEATH**

County Howell Registration District No. 385 File No. \_\_\_\_\_  
 Township Willow Springs Primary Registration District No. 5536 Registered No. 23  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Melvin Roe 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 M- 4. COLOR OR RACE W- 5. SINGLE, MARRIED, WIDOWED OR DIVORCED S  
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 6-1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
— — 10

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howell County, Mo.

10. NAME OF FATHER Herbert Cooper

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Winona, Mo.

12. MAIDEN NAME OF MOTHER Pearl Cox

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Howell County, Mo.

14. INFORMANT Herbert Cooper  
 (Address) Willow Springs, Mo.

15. FILED 8/17 1931 J. B. Ferguson REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 16 1931

17. I HEREBY CERTIFY, That I attended deceased from 8-6-1931 to 8-16-1931, that I last saw ~~him~~ her alive on 8-6-1931, and that death occurred, on the date stated above, at 3 a. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Toxemia of pregnancy of mother  
15 1/2 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Premature birth  
15 1/4 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED At place of death  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS? Physiocal findings

(Signed) J. C. Hayes, M. D.  
8-16, 1931 (Address) Willow Springs, 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 Near Cemetery DATE OF BURIAL 8/16-1931

20. UNDERTAKER J. W. Burns ADDRESS Willow Springs, 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.

SEP 22 1931

