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

Do not use this space.

1. PLACE OF DEATH
County: Texas
Township: Piney Creek
City: (No. ..., ..., St. ..., Ward)
Registration District No.: 1032
Primary Registration District No.: 6 1 4 4
Exp. No.: 30344
Registered No.:

2. FULL NAME: Melvin Roe Cooper

(a) Residence. No. ..., St., ..., Ward. (If nonresident give city or town and State)
(Usual place of abode)
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.

SEP 28 1931

PERSONAL AND STATISTICAL PARTICULARS

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

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: 10 | If LESS than 1 day, ... hrs. or ... min.

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): Texas County

PARENTS
10. NAME OF FATHER: Herbert Cooper
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Winona
(STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Pearl Cox
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Howell County

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

15. FILED: 9/1, 19 31 Paul R. Evans
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 16 19 31

17. I HEREBY CERTIFY, That I attended deceased from August 6, 19 31, to Aug. 16, 19 31 that I last saw him alive on Aug 6, 19 31, and that death occurred, on the date stated above, at 8:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature birth
(6 months)
159
(duration) ... yrs. ... mos. 10 ds.

CONTRIBUTORY (SECONDARY)
(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? Physical Findings
(Signed) J. B. Burns, M. D.
8/16, 19 31 (Address) Willow Springs

*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: Neace Cemetary
DATE OF BURIAL: 8/16/ 19 31

20. UNDERTAKER: J R Burns
ADDRESS: Willow Spgs Mo