

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

Do not use this space.

34828

1. PLACE OF DEATH

County Johnson Registration District No. 14
Township Jefferson Primary Registration District No. 5587
City (No.) St. Ward

2. FULL NAME

Thomas Lee Cooper

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Lorena Kidwell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 25 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 8 1

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

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) Johnson County, Mo

13. NAME Frank Cooper

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

15. MAIDEN NAME Mary Neele

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

17. INFORMANT Mrs T.L. Cooper
(ADDRESS) Johnson Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE High Point DATE 10-29-31 19

19. UNDERTAKER (ADDRESS) HUSTON'S FUNERAL CHAPEL
Windsor, Missouri

20. FILED Oct 29 1931 J. Jennings
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 26-1931 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1931, to Oct 26, 1931

I last saw him alive on Oct 26, 1931. Death is said to have occurred on the date stated above, at 5:30 p m.

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

Epilepsy of face
Epilepsy of face
(acute type)

Date of onset 9/20/31

10/10/31

Other contributory causes of importance:

15B
91A
93A

Name of operation None Date of

What test confirmed diagnosis? 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? No

If so, specify

(Signed) J. Jennings, M. D.

(Address) Johnson, Mo

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

NOV 24 1931

