

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

Do not use this space.

4470

1. PLACE OF DEATH
 45 County Howard Registration District No. 376
 1 Township Prarie Primary Registration District No. 4520
 3 City Prarie (No. 1) St. _____ Ward _____

2. FULL NAME Junie 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 1 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-21-1908
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
26 2 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House maid
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 244
 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) Howard County Missouri

MOTHER 13. NAME Steve Cooper

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph County Missouri

MOTHER 15. MAIDEN NAME Fannie Wells

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard County Missouri

17. INFORMANT Robert Wells, Sr.
 (ADDRESS) 242 S. 2nd St. Prarie, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Prarie and Green cemetery DATE Feb. 24, 1932

19. UNDERTAKER Tommy Allen
 (ADDRESS) 242 S. 2nd St. Prarie, Mo.

20. FILED 2/24 19 32 W. M. Bussard
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-22, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1931, to 2-22, 1932
 I last saw him alive on 2-22 12 Noon, 1932. Death is said to have occurred on the date stated above, at 5:30pm.

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

Pul Tuberculosis Date of onset 4-1-31
2.314
 Other contributory causes of importance: ⊙

Name of operation None Date of None
 What test confirmed diagnosis? Bacter Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? None Date of injury None, 19____
 Where did injury occur? None
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify _____
 (Signed) J. P. Cook, M. D.
 (Address) Prarie, 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.

MAR 2 8 1932

