WRITE PL[illegible], WITH [illegible]NFADING 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.

SEP 24 1932

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

Do not use this space.

26741

1. PLACE OF DEATH

64 County Marion — Registration District No. 547 — File No.

Township X — Primary Registration District No. 3029 — Registered No. 231

1 City Hannibal (No. St Elizabeth Hospital Ward)

8 2. FULL NAME Morris Lee Cooper

(a) Residence, No. 801 Sycamore 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: X

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 21, 1928

7. AGE: Years 4 — Months 0 — Days 22 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child
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): Hannibal Missouri

FATHER

13. NAME: Ellis M. Cooper
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Spaulding Missouri

MOTHER

15. MAIDEN NAME: Eva Mae Davis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hannibal Missouri

17. INFORMANT (ADDRESS): Ellis M Cooper [Father 801 Sycamore, Hannibal, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olivet DATE Aug. 25, 1932

19. UNDERTAKER (ADDRESS): Wm M Smith Hannibal Missouri

20. FILED Aug 25 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 19..., to Aug 23, 1932

I last saw him alive on Aug 23, 1932. Death is said to have occurred on the date stated above, at 11:58 a.m.

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

	Date of onset
Dysentery - (Probably Bacillary)	8/14/32
13B 13B	

Other contributory causes of importance:

1

Name of operation: Intraperitoneal Saline Date of 8/21 - 8/22

What test confirmed diagnosis? Clinical & Laboratory 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. E. Sultzman, M. D.

(Address) 511 Bdway Hannibal Mo.