

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 24 1934

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

Do not use this space.

6924

1. PLACE OF DEATH

County.....
Township.....
City... *St. Louis, Mo.* (No.)

Registration District No. **791**
Primary Registration District No. **1003**

File No.
Registered No. **1785**
St. Ward)

2. FULL NAME

James Henry Cooley
(a) Residence, No. *2739 Thoman* St. *21* 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 <i>Male</i>	4. COLOR OR RACE <i>Colored</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>10-20-33</i>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
		<i>3</i>	<i>29</i>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
	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) *St. Louis, Mo.*

13. NAME *Paul Cooley*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Laurel Miss.*

15. MAIDEN NAME *Mary Shannon*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Helena Arkansas*

17. INFORMANT (ADDRESS) *Mother Mary Cooley 2739 Thoman Street*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Father Dickson* DATE *February 22, 1934*

19. UNDERTAKER (ADDRESS) *Johny Riley Jr. 2931 Lucas*

20. FILED *J. Bredeck* Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 17 1934*

22. I HEREBY CERTIFY, That I attended deceased from *Feb 13*, 1934, to *Feb 17*, 1934
I last saw *at* alive on *Feb 17*, 1934. Death is said to have occurred on the date stated above, at *8:40 am*.

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

Broncho Pneumonia Date of onset *Feb 6*

Cold non-specific

Name of operation Date of
What test confirmed diagnosis? *Bas culture* - there an autopsy?

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. A. Flowers*, M. D.
(Address) *1711 N. 10th St.*

