

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

Do not use this space.

NOV 13 1934

36158

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Townshlp Kau Primary Registration District No. 1927
 City Kansas City, Mo (No. 1205 Armour St) St. _____ Ward _____

File No. 466
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

Mrs. Grace B. Cooper
 (a) Residence, No. 1305 Armour 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF- (OR) WIFE OF <u>Charles Cooper</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 27, 1876</u>				
7. AGE	YEARS <u>58</u>	MONTHS <u>8</u>	DAYS <u>22</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>			
	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) <u>Calverton Co., Missouri</u>				
FATHER	13. NAME <u>Duman W. Rivers</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
MOTHER	15. MAIDEN NAME <u>Elizabeth Hudson</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Calver Co., Mo.</u>			
17. INFORMANT <u>Charles Cooper</u> (ADDRESS) <u>Bellton, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bellton, Mo.</u> DATE <u>10/22, 1934</u>				
19. UNDERTAKER <u>E. K. Home & Son</u> (ADDRESS) <u>Bellton, Mo.</u>				
20. FILED <u>10/21, 1934</u> <u>M. M. Terone</u> <u>Registrar</u>				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/19, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1934 to Oct 19, 1934
 I last saw her alive on Oct 19, 1934. Death is said to have occurred on the date stated above, at 1 a.m.
 The principal cause of death and related causes of importance were as follows:
General Carcinomatosis Date of onset Apr 1934
50
 Other contributory causes of importance:
Carcinoma of left breast
 Name of operation Removal left breast Date of June 27, 1934
 What test confirmed diagnosis? Research of laboratory Were 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) David B. Robinson M. D.
 (Address) 928 Prof. Bldg. KC Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

