

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.

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

Do not use this space.

8025

93  
DEC'D MAR 24 1938

1. PLACE OF DEATH

County St. Clair Registration District No. 761  
Township Appleton Primary Registration District No. 4456  
City Appleton City, Mo (No. \_\_\_\_\_) (If nonresident, give city or town and State)

File No. \_\_\_\_\_  
Registered No. 7  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

David Cooper 160

(a) Residence, No. \_\_\_\_\_ St. 6th 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 male 4. COLOR OR RACE Colored. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced.  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-16-1849  
7. AGE YEARS 89 MONTHS 0 DAYS 7 If LESS than 1 day, hrs. or min.  
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) Mo  
13. NAME Ephraim Cooper 0.  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn 1  
15. MAIDEN NAME Hannah Winston  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn  
17. INFORMANT Lucy Washington (ADDRESS) W. Washburn Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE Burial DATE Feb 21 38  
19. UNDERTAKER Frank Lee (ADDRESS) Appleton City, Mo  
20. FILED Feb 26 1938 Olio Abney Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-18-1938  
22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936, to Feb 19, 1938  
I last saw him alive on 2-17-38, 1938. Death is said to have occurred on the date stated above, at 6-P.M.  
The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis Date of onset \_\_\_\_\_  
Other contributory causes of importance: Senility  
Flu  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was 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) A. L. Harrison M. D.  
(Address) Appleton City, Mo

