

TEXAS DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH a. COUNTY <b>Hale</b>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <b>Texas</b> b. COUNTY <b>Hale</b>	
b. CITY OR TOWN (If outside city limits, give precinct no.) <b>Plainview</b>		c. CITY OR TOWN (If outside city limits, give precinct no.) <b>Plainview</b>	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <b>Nichols Memorial Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>1105 Nassau Street</b>	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) a. First <b>Claude</b> b. Middle <b>W.</b> c. Last <b>Cooper</b>		4. DATE OF DEATH <b>January 21, 1974</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>April 1, 1892</b>
9. AGE (In years last birthday) <b>81</b>		IF UNDER 1 YEAR Months Days Hours Minutes	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Baseball Player</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Baseball League</b>	
11. BIRTHPLACE (State or foreign country) <b>Troupe, Texas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13. FATHER'S NAME <b>James T. Cooper</b>		14. MOTHER'S MAIDEN NAME <b>Cumi Lacy</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b> (If yes, give war or dates of service) <b>World War One</b>		16. SOCIAL SECURITY NO. <b>565-07-9698-A</b>	
17. INFORMANT <b>S. T. Cooper = Brother</b>			

18. CAUSE OF DEATH (Enter only one cause per line for (b), (c), and (d).) <b>TEXAS DEPARTMENT OF HEALTH</b> IMMEDIATE CAUSE (a) <b>Pneumonia</b> DUE TO (b) <b>Emphysema</b> DUE TO (c) <b>many years</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 weeks</b>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>General debility</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Hour Month Day Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)	
20f. CITY, TOWN, OR LOCATION <b>Plainview, Texas</b>		COUNTY <b>79072</b> STATE	
21. I hereby certify that I attended the deceased from <b>July 16 73</b> to <b>January 21 74</b> and last saw the deceased alive on <b>January 21 74</b> Death occurred at <b>4:40 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated		22c. DATE SIGNED <b>1-24-74</b>	
22a. SIGNATURE <i>[Signature]</i> (Degree or title)		22b. ADDRESS <b>715 Houston Plainview, Texas 79072</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Jan. 22, 1974</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Plainview Cemetery</b>		24. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> <b>Wood-Dunning Funeral Home</b>	
23d. LOCATION (City, town, or county) (State) <b>Plainview Texas</b>		25a. REGISTRAR'S FILE NO. <b>14-1974</b>	
25b. DATE REC'D BY LOCAL REGISTRAR <b>25 January 1974</b>		25c. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

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