

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

40332

Registrar's No. 2351

CITY OR PRECINCT NO. Dallas
No. Parkland Hospital
Street
If in an institution, give name of institution instead of Street and No.

Length of residence in city where death occurred 12 yrs. mos. days. How long in U. S. if foreign born? yrs. mos. days

2 FULL NAME OF DECEASED Cooley L. G. (Duff Gordon Cooley)

RESIDENCE OF THE DECEASED No. 3500 Street Colonial City State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. Single Married Widowed Divorced
(Write the word)

5a. If married, widowed, or divorced (HUSBAND) of (or) WIFE of Louise Cooley

6. DATE OF BIRTH (month, day, and year) March 14th, 1873

7. AGE 64 Years 4 Months 25 Days If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

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) Aug. 3, 1937
11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (City or Town) (State or Country) Kansas

13. NAME James Cooley

14. BIRTHPLACE (City or Town) (State or Country) Ky.

15. MAIDEN NAME Cassandania Evans

16. BIRTHPLACE (City or Town) (State or Country) Ky.

17. INFORMANT Mrs. J. Montgomery
(Address) 3516 Dartmouth, Dallas, Texas

18. BURIAL REMOVAL Place Grove Hill Date Aug. 10, 1937

19. UNDERTAKER Ed. C. Smith & Bro. Undt. Co.

20. SIGNATURE AND FILE DATE OF LOCAL REGISTRAR Hazel Bonner Dallas, Texas

Aug 9 10 1937 Louise Smith
(File Date) (Signature)

MEDICAL PARTICULARS

21. DATE OF DEATH (month, day, and year) 8/19 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/7 1937, to 8/10 1937

I last saw him alive on 8/9 1937; death is said to

have occurred on the date stated above, at 4:20 A.M. The principal cause of death and related causes of importance were as follows:

Hypertension Heart Dis. unknown
Heart Stroke reg.?
Other contributory causes of importance: Chronic alcoholism unknown

Date of Onset

Name of operation no Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?

Date of injury 1937

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?

If so, specify

(Signed) E. R. Mitchell M. D.

(Address) 11111111111111111111

