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.

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

Do not use this space.

35238

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 9975

City St Louis (No. Missouri Pacific Hospital St. ..... Ward)

2. FULL NAME Albert Charles Crook

(a) Residence. No. Waterloo Ill, St. 17 Ward. Waterloo Ill
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
m	W	m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Theresa Crook

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 5, 1887

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
42	6	~~10~~ 5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Clerk
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer Mo. Pacific R.R.

9. BIRTHPLACE (CITY OR TOWN) Waterloo
(STATE OR COUNTRY) Illinois

PARENTS
10. NAME OF FATHER Charles J. Crook
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Waterloo
(STATE OR COUNTRY) Illinois
12. MAIDEN NAME OF MOTHER Barbara A. Joest
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Waterloo
(STATE OR COUNTRY) Illinois

14. INFORMANT Mrs. Alb. C. Crook
(Address) Waterloo, Ill.

15. FILED OCT 11 1929 19 Max C Starkloff REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 10 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1929, to Oct 10, 1929 that I last saw him alive on Oct 10, 1929, and that death occurred, on the date stated above, at 1:40 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr Nephritis 131
Chr Myocarditis 102
(duration) Several yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Hypertension
(duration) Several yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) L B Harrison M. D.
Oct 10 1929 (Address) Mo. Pac. Hosp.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Waterloo, Ills.	Oct. 13 1929

20. UNDERTAKER	ADDRESS
Witt Bros. L. & U. E.	2929 So. Jefferson