

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

Do not use this space.

15025

1. PLACE OF DEATH  
 103 County Stoddard Registration District No. 838  
 5 Township Liberty Primary Registration District No. 4509  
 4 City Dexter (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME Louis Henry Cook  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ruby Lillian Duhan  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 24, 1892  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
40 0 14  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer 221  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ice Plant  
 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) Missouri

13. NAME William C. Cook

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Nancy Harttle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs Ruby Lillian Cook  
Dexter, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Duncan Cemetery DATE 4-8-32

19. UNDERTAKER (ADDRESS) C. O. Biggs Und. Co.  
Dexter, Mo.

20. FILED 4-7-1932 F. LaRue Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-7-1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931, to Apr 7, 1932.  
 I last saw him/her live on Apr 7, 1932. Death is said to have occurred on the date stated above, at 1:20 P. m.  
 The principal cause of death and related causes of importance were as follows:

Chondro-sarcoma  
59 E by Right chest wall.

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Biopsy Was 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) Frank LaRue, M. D.  
 (Address) Dexter Mo

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.

MADE IN U.S.A. RESERVE FOR BINDER

MAY 31 1932

