

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

Do not use this space.

5342

1. PLACE OF DEATH

38 County Henry Registration District No. 311
Township Wilsch Primary Registration District No. 9733
City (No. _____) St. _____ Ward _____

2. FULL NAME

Jeanie Lorraine COOK
(a) Residence, No. _____ St., _____ Ward _____
(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 Female 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 26 - 1923

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
10 0 25

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
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) Cornhill Beuffs Iowa

FATHER
13. NAME Elmer Cook

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

MOTHER
15. MAIDEN NAME Gladys Meek

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stonemary Mo

17. INFORMANT (ADDRESS) Mr. J. W. Meek, 77 B Stonemary mo

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Fun. Home 2/23/33

19. UNDERTAKER (ADDRESS) 12 Albany Phillips

20. FILED 253 Wm. C. Williamson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 21 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19 1932 to Feb. 21 1933

I last saw him alive on Feb. 21 1932 Death is said to have occurred on the date stated above, at 11 P.m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset 10/7/32
10/7/32
10/7/32

Other contributory causes of importance:

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? _____

If so, specify _____

(Signed) J. C. Crank, M. D.
(Address) Stonemary, 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

122
15/11