

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

Do not use this space.

6950

1. PLACE OF DEATH  
 County Ripley Registration District No. 70-1  
 Township Shelburne Primary Registration District No. 5990  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward \_\_\_\_\_)

File No. 10  
 Registered No. 450

2. FULL NAME Calvin L. Crook  
 (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 Syble Crook

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 25 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
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8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Common labor  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Doniphan  
 (STATE OR COUNTRY) Ripley Co - Mo

10. NAME OF FATHER Henry Crook

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lebanon  
 (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Caroline Sewell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Gamburg  
 (STATE OR COUNTRY) Ripley Co - Mo

14. INFORMANT W. C. Todd  
 (Address) Waverly

15. FILED 3/10 1933  
J. Steelhill  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 14 1933

17. I HEREBY CERTIFY, That I attended deceased from Feb 12 1933 to Feb 14 1933  
 that I last saw him alive on Feb 14 1933 and that death occurred, on the date stated above, at 6:45 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

apoplexy  
hypertension (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 3 ds.

CONTRIBUTORY (SECONDARY) hypertension  
 (duration) ? 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? chessell

(Signed) J. Steelhill, M. D.  
1/5, 1933 (Address) Waverly

\*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 Antioch cem. Ripley, Mo DATE OF BURIAL Feb. 15, 1933

20. UNDERTAKER Mr. Bush ADDRESS Waverly 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.

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