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.

JAN 6 1935

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

Do not use this space.

File No. 42583
Registered No. 1

1. PLACE OF DEATH
County: Gentry
Township: Jackson
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 312
Primary Registration District No. 5431A

2. FULL NAME: Conal Jean Cook.
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: F.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 17-1934

7. AGE: Years 0 | Months 0 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: child
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): Gentry Co Mo

FATHER
13. NAME: Ralph Cook.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gentry Co Mo

MOTHER
15. MAIDEN NAME: Opal Miller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gentry Co Mo

17. INFORMANT: Ralph Cook
(ADDRESS) Stanberry 2nd R.R.

18. BURIAL, CREMATION, OR REMOVAL: Gentry Co Mo
PLACE: Lafayette Cemetery DATE: 12/18 1934

19. UNDERTAKER: Lafayette Phillips
(ADDRESS) Stanberry Mo

20. FILED: 12/18 1934 A. W. Paulette, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 17 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1934 to Dec 17, 1934
I last saw h. alive on Dec 17, 1934. Death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Patent Ductus Arteriosis.	

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? no
If so, specify .....
(Signed) S. E. Dunlavoom, M. D.
(Address) Stanberry Mo.

Filed. 1-9-1935

Dr. S. E. Simpson