

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.

MAR 26 1936

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

Do not use this space.

31680-a

1. PLACE OF DEATH

County Washington
Township Patton
City Patton (No.)

Registration District No. 887
Primary Registration District No. 6179

File No.
Registered No.
St. Ward)

2. FULL NAME Lambert J. 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 15 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 10 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

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) Washington (STATE OR COUNTRY)

13. NAME Robert J. Cook

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

15. MAIDEN NAME Marie Gagnard

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

17. INFORMANT Luther Cook (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Patton DATE Sept 22 1936

19. UNDERTAKER Sparks and Sparks (ADDRESS)

20. FILED Mar 1 1936 G. F. Pressnell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 21 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 19 1936 to Sept. 21 1936
I last saw him alive on Sept. 19 1936 Death is said to have occurred on the date stated above, at 4:15 m.

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

Apoplexy
87221

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) For. L. Thurman, M. D.
(Address) Patton, Mo.

