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.

NOV 19 1935

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

Do not use this space.

32103

1. PLACE OF DEATH
County Cape Gir
Township Applecreek
City Oak Ridge (No. ..... St. ..... Ward)
Registration District No. 128
Primary Registration District No. 51763
File No. .....
Registered No. .....

2. FULL NAME David 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 M
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) marrial

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17-1853

7. AGE YEARS 82 MONTHS 3 DAYS 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Sedgewickville Mo.

FATHER
13. NAME John Cook
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) John Cook Sedgewickville Mo.

MOTHER
15. MAIDEN NAME Cinnaline Seabaugh
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sedgewickville Mo.

17. INFORMANT (ADDRESS) Vester Cook Oak Ridge Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Salem DATE Oct 21 1935

19. UNDERTAKER (ADDRESS) Cracraft & Miller Jackson, Mo.

20. FILED NOV 12 1935 19 Laura Grebe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 20 1935

22. I HEREBY CERTIFY, That I attended deceased from Heart Sent heart medicine a few days ago for weak heart, 19..., to ..., 19...
I last saw him alive on 6 or 7 year back, 19..... Death is said to have occurred on the date stated above, at 7 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Some heart Trouble I was told he had suffered for several year with this trouble as he passed suddenly I am sure it was his heart	

Other contributory causes of importance:
Dr Martin of East Prairie has been his physician and was giving him nitroglycerine 1/100 gr. so they told me.

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) R D Blaylock, M. D.
(Address) Oak Ridge Mo