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 19 1936

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

Do not use this space.

5664

1. PLACE OF DEATH

County: Howell — Registration District No.: 384 — File No.:

Township: Howell — Primary Registration District No.: 5535 — Registered No.:

City: ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Wanda Jean Cook

(a) Residence, No. Rt. 2, West Plains, Mo. St. ..... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 5 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Fem	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 1, 1933

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	2	5	1	

OCCUPATION

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

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) Howell County Mo.

FATHER

13. NAME J. E. Cook

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Izzard Co. Ark.

MOTHER

15. MAIDEN NAME Ellen Hamilton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Izzard Co. Ark.

17. INFORMANT (ADDRESS) J. E. Cook West Plains, Mo.

18. BURIAL, ~~CREMATION OR REMOVAL~~ PLACE Howell Valley Ce DATE Feb. 3, 19 36

19. UNDERTAKER (ADDRESS) Leonard Sullens West Plains, Mo.

20. FILED 2-3-, 19 36 Tidie N. Simmons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 2, 19 36

22. I HEREBY CERTIFY, That I attended deceased from Jan. 31, 19 36 to Feb. 2, 19 36

I last saw her alive on Feb. 2, 19 36. Death is said to have occurred on the date stated above, at 9:55 P.M.

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

Lobar Pneumonia — Date of onset

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

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. C. Hogue, M. D.

(Address) West Plains, Mo.