

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

Do not use this space.

FEB 6 1937

861

1. PLACE OF DEATH

County *Franklin*
Township *Central*
City *Morellton*

Registration District No. *294*
Primary Registration District No. *5409B*

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. *1* mos. *18* ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *1-29-1937*

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

22. I HEREBY CERTIFY, That I attended deceased from *Jan - 28*, 19*37* to *Jan - 29*, 19*37*
I last saw him alive on *Jan - 29*, 19*37* Death is said to have occurred on the date stated above, at *8 P.* m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec. 11, 1936*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 18

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

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

Branches Prunus ?
Date of onset
Other contributory causes of importance: *10%*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Morellton Mo.*

Name of operation *none* Date of
What test confirmed diagnosis? *Clinical* Was there an autopsy? *no*

13. NAME *William Cook*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Cook Station Mo.*

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)

15. MAIDEN NAME *Gertie Byssle*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Morellton Mo.*

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) *William Cook Morellton Mo.*

Manner of injury
Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE *Mt. Zion* DATE *Jan 31 1937*

24. Was disease or injury in any way related to occupation of deceased? *no*
If so, specify

19. UNDERTAKER (ADDRESS) *Wm. Cook & Co. St. Charles Mo.*

(Signed) *W. W. Duckworth*, M. D.
(Address) *St. Charles Mo.*

20. FILED *Jan 30 1937 W. W. Duckworth Registrar.*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

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1. PLACE OF DEATH

County Franklin
Township Central
City (No. _____, _____ St. _____ Ward _____)

Registration District No. 294
Primary Registration District No. 5409B

File No. _____
Registered No. _____

2. FULL NAME

Bernard James Cop
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single
(write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1 - 29 - 1937

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw _____, alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

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

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

Bronchial Pneumonia Date of onset _____

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 _____

Other contributory causes of importance:

Other acute cause

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS)

20. FILED Jan 30 1937 W. H. Duckworth Registrar

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) W. H. Duckworth, M. D.

(Address) _____

Every item of information should be carefully supplied. A copy should be retained by the informant. If the informant is a child, the parent or guardian should be interviewed. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

SUPPLEMENTAL

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