78 JUL 31 1937

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

Do not use this space.

1. PLACE OF DEATH
County Pemiscot 2/1 Registration District No. 656 File No. 24518
Township Cooter Primary Registration District No. 5873 Registered No.
City Cooter Mo (No. , St. Ward)

2. FULL NAME Thomas Glinn Louis
(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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Inf
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-23-37
7. AGE YEARS — MONTHS — DAYS — If LESS than 1 day, 12 hrs. or min.

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) Cooter Mo

FATHER
13. NAME Tom C Louis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bragg Odessa Mo

MOTHER
15. MAIDEN NAME Collie Mae Duke
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooter Mo

17. INFORMANT (ADDRESS) Tom C Louis Cooter, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Zion DATE 6-24-1937
19. UNDERTAKER (ADDRESS) German Undt Co Steele Mo
20. FILED 7-10, 1937 Tom Brigance Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-23-1937
22. I HEREBY CERTIFY, That I attended deceased from June 23, 1937, to June 23, 1937
I last saw him alive on June 23, 1937 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Premature

Date of onset

Other contributory causes of importance: 159

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) L. E. Cooper, M. D.
(Address) Cooter, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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