

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.

AUG 19 1937

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

Do not use this space.

26776

1. PLACE OF DEATH

County BUTLER
Township
City POP LAR BLUFF (No. 3007)

Registration District No. 89
Primary Registration District No. 3007

File No. 26776
Registered No. 178
St. 7 Ward

2. FULL NAME CHRISTINE COOK

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 4 - 1923

7. AGE YEARS 14 MONTHS 0 DAYS 14 If LESS than 1 day, _____ 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) CLINES ISLAND (STATE OR COUNTRY) MO.

FATHER
13. NAME FRED COOK

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

MOTHER
15. MAIDEN NAME FLORENCE BATSON

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

17. INFORMANT FRED COOK (ADDRESS) ESSER MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE Poplar Bluff DATE 7/20 1937

19. UNDERTAKER GREEN FUNERAL SERVICE (ADDRESS) POP LAR BLUFF

20. FILED 7/20 1937 Obutein Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18 1937

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

I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at H.P.O.R.

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

Drowning in River
accidental

Date of onset

Other contributory causes of importance:

Name of operation _____ 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? accident Date of injury July 18, 1937
Where did injury occur? Poplar Bluff (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury in swimming
Nature of injury drowning

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Ernest W. Green
(Address) Poplar Bluff

