DEC 15 1937

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

Do not use this space.

40854

1. PLACE OF DEATH
County Cape Girardeau
Township White Water
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 124
Primary Registration District No. 5183

File No. .....
Registered No. 50

2. FULL NAME F. Marion 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.

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PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 20 1855

7. AGE YEARS 82 MONTHS 1 DAYS 20 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) Sedgewicksville Mo

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

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

17. INFORMANT (ADDRESS) Mrs Ade Kristner Millersville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Scopus Cemetery DATE Nov 27 1937

19. UNDERTAKER (ADDRESS) McCombs F & U Co Jackson Mo

20. FILED 11-26 1937 D. G. Seebro
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 25 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 24 1937, to Nov 25 1937
I last saw him alive on Nov 24 1937. Death is said to have occurred on the date stated above, at 8:30 P m.
The principal cause of death and related causes of importance were as follows:

Myo-Carditis — Date of onset 1935

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Other contributory causes of importance: none

Name of operation none Date of —
What test confirmed diagnosis? Symptoms 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) D. P. Lindbergh, M. D.
(Address) Jackson 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.