

REC'D JUN 17 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

18161

Do not use this space.

1. PLACE OF DEATH

(a) County Douglas Registration District No. 276
 (b) Township Byram Primary Registration District No. 5393 Registered No. 6
 (c) City Marion (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 39 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

James Franklin Cook 200
 (a) Residence, No. _____ St. ☐ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jane McKee Cook
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 3 1888

7. AGE YEARS 49 MONTHS 5 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as 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) Hartford (STATE OR COUNTRY) Ms.

13. NAME William Cook
 14. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)

15. MAIDEN NAME Francis Ann Watson
 16. BIRTHPLACE (CITY OR TOWN) Va (STATE OR COUNTRY)

17. INFORMANT Mrs Dylia Page (ADDRESS) Vanzant

18. BURIAL, CREMATION, OR REMOVAL PLACE Vanzant DATE 4-25-1938

19. FUNERAL DIRECTOR W. J. Jones (ADDRESS) 2770

20. FILED May 18 1938 Trilba Sims Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24 1938

22. I HEREBY CERTIFY, that I attended deceased from 4-18 1938 to 4-24 1938
 I last saw him alive on 4-21 1938 Death is said to have occurred on the date stated above, at 4 A m.

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

Chronic Interstitial Nephritis
 Date of onset 1935

Other contributory causes of importance: Insufficiency of Age

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) J. G. Frame M. D.

Mountain Grove

STATEMENT BY LICENSED EMBALMER

I, George Stapp, Licensed Embalmer No. 3161
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed George Stapp
Licensed Embalmer No. 3161

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)