

NOV 25 1938

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

Do not use this space.

36451

1. PLACE OF DEATH

County Pemiscot Registration District No. 114
Township 20 Jordan Primary Registration District No. 5869
City Portagville (No.) St. Ward)

2. FULL NAME

267 Wells O. B. 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Gladys Cook</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 14, 1910</u>		
7. AGE YEARS <u>28</u>	MONTHS <u>1</u>	DAYS <u>10</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation <u>6</u>
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)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Dunklin Co. Mo.

13. NAME
W. C. Cook Sr.

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

15. MAIDEN NAME
Allie Mae Wells

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

17. INFORMANT (ADDRESS)
W. C. Cook Sr. Portagville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE
Liberty, Mo. DATE Oct 25, 1938

19. UNDERTAKER (ADDRESS)
J. C. Wolf Holcomb Mo.

20. FILED Nov 9, 1938 Mary W. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....
I last saw him alive on, 19..... 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:

Pulmonary tuberculosis
Other contributory causes of importance: 33-

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) H. J. O'Kelly M. D.

(Address) Portagville Mo.
53.8

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.

