

1938 DEC 16 1938

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

Do not use this space.

39588

1. PLACE OF DEATH

53 County Laclede
Township Lebanon
City Lebanon (No. 1)

2. Registration District No. 449
Primary Registration District No. X267

File No.
Registered No.
St. Ward)

2. FULL NAME

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 26-1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 2 16

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. Own Farm

10. Date deceased last worked at this occupation (month and year) Sept 15-1938 11. Total time (years) spent in this occupation

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

13. NAME Monroe Cook

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monteau Co Mo.

15. MAIDEN NAME Minerva Barker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laclede County, Mo.

17. INFORMANT Mrs. Charles Cook (ADDRESS) Lebanon, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bion Cem. DATE Nov 13 1938

19. UNDERTAKER J. L. Hoops - Sons (ADDRESS) CROCKER - Mo.

20. FILED 11-14-38 J. A. M. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 12 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 9 1938 to Nov 12 1938

I last saw him alive on Nov 12 1938 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:

Lobar Pneumonia Date of onset Nov 6

Other contributory causes of importance:

Name of operation none What test confirmed diagnosis? Physical Exam 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 none Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) P. J. ... M. D. (Address) Lebanon, 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.

WHITE PAPER, WITH GRADING MARKS IS A PERMANENT RECORD

1 X314

AUG 27 1945

RECEIVED

District Health Officer No. 7,

District File Number 7-38-570

Date Filed 12-12-38