

1939 MAR 17 1939

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

7134
Do not use this space.

1. PLACE OF DEATH

(a) County Madison Registration District No. 538
(b) Township St. Michaels Primary Registration District No. 3028
(c) City Fredericktown (d) Street No. _____ Registered No. 20
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

ROSCOE C. COOK

(a) Residence, No. 128 S. MINE LA MOTTE 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 (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 9 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
52 3 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Hotel Owner
9. Industry or business in which work was done, as saw mill, bank, etc. Hotel
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation. 15 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co. O

FATHER 13. NAME Geo. H. Cook O

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co. O

MOTHER 15. MAIDEN NAME Lewina Moyer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co.

17. INFORMANT (ADDRESS) Mrs. Pessie Cook

18. BURIAL, CREMATION, OR REMOVAL PLACE Rhodes Chapel Cemetery DATE 2-26 1939

19. FUNERAL DIRECTOR (ADDRESS) William B O'Connor
Fredericktown Missouri

20. FILED Feb 25 1939 S. C. S. Canale
L. J. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 22 1939, to Feb 24 1939
I last saw him alive on Feb 23 1939 Death is said to have occurred on the date stated above, at 5:45 a.m. Feb 24, 1939
The principal cause of death and related causes of importance were as follows:

Myocardial Degeneration Date of onset 1934
930
Other contributory causes of importance:
Pathy necrosis from Obesity
Auricular Fibrillation 2/20/39

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? No
If so, specify _____
(Signed) E. W. DeLoe M.D.
Address Fredericktown, 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.

STATEMENT BY LICENSED EMBALMER

I, William B. O'Connor, Licensed Embalmer No. 3975

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed William B. O'Connor
Licensed Embalmer No. 3975

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.)