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.

REC'D MAY 18 1939

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

Do not use this space.

Registration District No. 796
Primary Registration District No. 3038

File No. 16229
Registered No. 72

1. PLACE OF DEATH
County Saline
Township Marshall
City Marshall, Mo. (No. ..... St. ..... Ward)

2. FULL NAME Cassius Clay Cool

(a) Residence, No. East Vest St. 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charlotte Haines

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11, 1853

7. AGE: Years 85 | Months 11 | Days 2 | 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) Morgan Co. Ohio

FATHER
13. NAME Hendrix Cool
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co. Penn.

MOTHER
15. MAIDEN NAME Mary Wells
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co. Ohio

17. INFORMANT Mrs. Hodson
(ADDRESS) Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Red Oak. Iowa DATE Apr. 16, 1939

19. UNDERTAKER J.L. Sweeney
(ADDRESS) Marshall, Mo.

20. FILED 4-13-1939 Mary Kent Registrar. 712

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1939, to April 13, 1939
I last saw h. alive on April 13, 1939. Death is said to have occurred on the date stated above, at 4:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	yrs.
121	

Other contributory causes of importance:

Myocarditis	yrs.
Nephritis	yrs.

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) John R Lawrence, M. D.
(Address) Marshall, Mo.

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 5/9/39