REC'D JUN 22 1939

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

19330
Do not use this space.

1. PLACE OF DEATH
(a) County NEWTON
(b) Township
(c) or City NEOSHO
Registration District No. 609
Primary Registration District No. 4363
Registered No. 69
(d) Street No. SALE-BOWMAN HOSPITAL St.
(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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MARY COOK
(a) Residence, No. NEOSHO MO St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
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: D.M.E. COOK

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): FEBY 2. 1874

7. AGE: YEARS 65 | MONTHS 3 | DAYS 13 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. HOUSEWIFE
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): ARKANSAS

FATHER
13. NAME: A. Y. Killingsworth
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ARKANSAS

MOTHER
15. MAIDEN NAME: MARGARET ROWE
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ARKANSAS

17. INFORMANT (ADDRESS): D M E Cook NEOSHO MO

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE: I.D.D.F. CEMETERY DATE: MAY 17, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Ashley Bigham NEOSHO MO

20. FILED 6-8 1939 Ungl R. Sale M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): MAY 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1939, to May 15, 1939
I last saw her alive on May 15, 1939. Death is said to have occurred on the date stated above, at 12:20 p.m.
The principal cause of death and related causes of importance were as follows:

Acute Bacterial Endocarditis
Phlebitis in left leg.
Left Lobar Pneumonia

Date of onset

Other contributory causes of importance:
Influenza
Arthritis and
Arteriosclerosis

Name of operation none Date of
What test confirmed diagnosis? Clinical 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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Melvin C. Bowman, M. D.
(Address) Neosho, Mo

(Licensed Embalmer's Statement on Reverse Side)

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Don REED, Registered Apprentice No. 202 working under my personal supervision.

Signed J. A. Bingham

Licensed Embalmer No. 3689

P. O. Address Neosho Mo

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

If this body is not embalmed, above space should be left blank.