

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

**22815**  
Do not use this space.

JUL 14 1939

**1. PLACE OF DEATH**

(a) County Newton Registration District No. 614  
 (b) Township Arma Primary Registration District No. 5816  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ 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. da. (f) How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. mos. da.

**2. PRINT FULL NAME**

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
David Oscar Cook  
Arma, Mo  
 (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 Ruth E Cook  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 2, 1885  
 7. AGE YEARS 54 MONTHS 5 DAYS 18 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. Farmer  
 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) Missouri  
 FATHER 13. NAME John David Cook  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laura  
 MOTHER 15. MAIDEN NAME Rebecca J Manley  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill  
 17. INFORMANT Ruth Cook (ADDRESS) Neosho, Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Neosho, Mo DATE June 22, 1939  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Carley Thompson Neosho, Mo  
 20. FILED June 21, 1939 K. K. Kline Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1938, to June 14, 1939  
 I last saw him alive on June 14, 1939. Death is said to have occurred on the date stated above, at 8:40 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Diffuse Glomerular Nephritis  
 Date of onset Nov 1938  
 Other contributory causes of importance: 121  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Urinalysis 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) Harley O. Chester M. D.  
 (Address) Neosho, Mo

RECEIVED

District Health Officer No. 6.

District File Number 739-1452

Date Filed JUL 11 1939

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.....

Gail K Gay....., Registered Apprentice No. 189  
working under my personal supervision.

Signed Orley Thompson.....

Licensed Embalmer No. 3259

P. O. Address Neosho Mo

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.)

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