

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

25303
Do not use this space.

1. PLACE OF DEATH
 (a) County Carroll Registration District No. 135
 (b) Township 1 Primary Registration District No. 3010 Registered No. 82
 (c) City Carrollton (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. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lackey Austin Cook
 (a) Residence, No. 220 East Benton 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Dr R F Cook

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-8-1867

| | | | | |
|--------|-----------|----------|----------|--|
| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
| | <u>72</u> | <u>5</u> | <u>—</u> | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as 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) Carrollton Mo

FATHER

13. NAME Peter Austin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lynchburg Va

MOTHER

15. MAIDEN NAME Mary E. Wilcotton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Francis Austin Compton St Louis Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Rathie DATE 7-11-1939

19. FUNERAL DIRECTOR (ADDRESS) Wells Marshall & Son 130 Carondeau 2nd

20. FILED 7-10-1939 Arthur Haskins Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8 - 1939

22. I HEREBY CERTIFY, that I attended deceased from July 17, 1938 to 7-8-1939
 last saw him alive on 7-8-1939 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:
Hypostatic
Pneumonia
gpb

Other contributory causes of importance:
Cerebral Thrombosis

Date of onset 7/3/39

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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
 (Signed) William S. Atwood, M. D.
Carrollton 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.

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RECEIVED
District Health Officer No. 8
District File Number
Date Filed 6/27/39

STATEMENT BY LICENSED EMBALMER

I, R. M. Marshall, Licensed Embalmer No. 2525-

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

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed R. M. Marshall

Licensed Embalmer No. 2525

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.)