

REC'D AUG 3 1939

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

26141
Do not use this space.

1. PLACE OF DEATH

(a) County Lynn Registration District No. 496
(b) Township Brookfield Primary Registration District No. 3070 Registered No. 70
(c) City Brookfield (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. How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 113 E. Roberson 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

MEDICAL CERTIFICATE OF DEATH

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 OF (OR) WIFE OF Anna Cook
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan - 10 - 1862
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 6 5

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July - 15 - 1939
22. I HEREBY CERTIFY That I attended deceased from Feb 14 1939 to July 15 1939
I last saw him alive on July 15 1939. Death is said to have occurred on the date stated above, at 1:30 P.m.
The principal cause of death and related causes of importance were as follows:

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

Carcinoma, Transverse colon Date of onset unknown
46
Other contributory causes of importance: Coronary sclerosis unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La Salle Mo Ill 1
13. NAME George H. Cook 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 9
15. MAIDEN NAME Sarah Reed
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) do not know

Name of operation Colostomy Date of July 9 - 39
What test confirmed diagnosis? operative Was there an autopsy? No

17. INFORMANT (ADDRESS) Mrs. H. J. Cook Brookfield Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill DATE July - 17 - 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hill Funeral Chapel Brookfield Mo
20. FILED Aug 1 1939 Northrup Local Registrar

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) J. Sam Evans M. D.
Brookfield Mo (Address)

District Health Officer No. 11

District File Number 839-934

Date Filed AUG 2 1939

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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 _____

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

Signed J. R. Blacklock

Licensed Embalmer No. 2246

P. O. Address Brookfield

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.