SEP 13 1939

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

32924
Do not use this space.

1. PLACE OF DEATH
(a) County Macon 2 Registration District No. 533
(b) Township Liberty Primary Registration District No. 5715 Registered No. 83
(c) City Bevier, Mo (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 201 Albert Cook
(a) Residence, No. ..... 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 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~~ Elizabeth Cook
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28 - 1856
7. AGE YEARS 83 MONTHS 1 DAYS 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Marietta Ohio

FATHER
13. NAME Milton Cook
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Milt G. Cook Bevier Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Bloomington DATE 9 - 8 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. E. Edwards Bevier, Mo
20. FILED 9/14 1939 Leota Newton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 7th, 1939
22. I HEREBY CERTIFY, That I attended deceased from 9/1/39, 19..., to 9/6/39, 19...
I last saw him alive on 9/6/39, 19..... Death is said to have occurred on the date stated above, at 1:45 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Dysentery (food poisoning)	8/25/39
Other contributory causes of importance: acute diarrhea	8/26/39

Name of operation ..... 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) A. L. Durden M. D.
(Address) Callao, 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.

X14028

RECEIVED
District Health Officer No. 10
District File Number 10-39-1735
Date Filed OCT 5 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 .....,

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.