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.

I X14028

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

28662
Do not use this space.

1. PLACE OF DEATH
(a) County Howell 2 Registration District No. 384
(b) Township ( ) Primary Registration District No. 4227 Registered No.
(c) City West Plains (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. 5 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Sarah Cook 2 ...
(a) Residence, No. St. Birch Tree, Mo.
(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 Fem
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 7, 1852

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
87	8	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Tennessee

FATHER
13. NAME — — — Thurman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

17. INFORMANT (ADDRESS) Mrs. Florence Boze Birch Tree, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Birch Tree, Mo. DATE July 24, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) [signature] Mo. 3/1/40

20. FILED 7/23, 1940 Vida W Simons Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1940, to July 23, 1940
I last saw her alive on July 23, 1940. Death is said to have occurred on the date stated above, at 11:35 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	

Other contributory causes of importance:
Frac. femur, right

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 7-18, 1940
Where did injury occur? Birch Tree, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Slipped on floor, fell
Nature of injury Frac. rt. femur

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) West Plains, Mo.

(Licensed Embalmer's Statement on Reverse Side)

~~840154~~
840827

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.