39

519

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

Do not use this space.

21173

1. PLACE OF DEATH

County GREENE — Registration District No. 317 — File No.

Township REPUBLIC — Primary Registration District No. 5436 — Registered No.

City REPUBLIC (No. , St. Ward)

2. FULL NAME Billy Joe Cook

(a) Residence. No. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
MALE	WHITE	SINGLE

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 26th 1929

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) MISSOURI

PARENTS

10. NAME OF FATHER E O Cook

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) MISSOURI

12. MAIDEN NAME OF MOTHER NELLIE DUNN

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) MISSOURI

14. INFORMANT E.O. Cook
(Address) Republic Mo.

15. FILED 6/6, 1929 H. G. Frame
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 5 1929

17. I HEREBY CERTIFY, That I attended deceased from 19 to 19, that I last saw him alive on June 5, 1929, and that death occurred, on the date stated above, at 4:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Status Lymphaticus
6 d
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Thomas C. Stone, Coroner, Mo.
6-5-, 1929 (Address) Springfield, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL — DATE OF BURIAL
Brick Church Cemetery Lawrence Co — 6/6 1929

20. UNDERTAKER — ADDRESS
R E Thurmon — Republic Mo