

MAH 25 1930

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

Do not use this space.

4375

1. PLACE OF DEATH

County Chariton
Township Cantrell
City (No. _____) _____

Registration District No. 175
Primary Registration District No. 547

File No. _____
Registered No. 15
St. _____ Ward _____

2. FULL NAME

Lynn Howard 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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED S

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-26-1930

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

17. I HEREBY CERTIFY, That I attended deceased from Feb 23, 1930, to _____, 19____ that I last saw him alive on Feb 23, 1930, and that death occurred, on the date stated above, at 10:30 p.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 23-1930

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
✓ ✓ 3

unknown
1930
(duration) yrs. mos. ds.

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 _____

CONTRIBUTORY (SECONDARY) 5050
(duration) yrs. mos. ds.

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

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

10. NAME OF FATHER Howard Cook

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

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

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. F. Billeter M. D.
Apr 1930 (Address) Brynmille, Mo

12. MAIDEN NAME OF MOTHER Eva Wilson

*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.

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

14. INFORMANT Earl Cook
(Address) Hamden Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
McCurry Cemetery 2/27 1930

15. FILED 1/2 30 Gustawinski REGISTRAR

20. UNDERTAKER ADDRESS
Wuekelmeyer Bros Salisbury

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.

