LEC'D MAY 1 9 1938

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

Do not use this space.

14146

1. PLACE OF DEATH
County B utler — Registration District No. 89 — File No.
Township — Primary Registration District No. 3007 — Registered No. 83
City Poplar B luff (No. 812 North 5th St. St. Ward)

2. FULL NAME Lena Proctor Cook 200
(a) Residence, No. 812 North 5th. St. 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: Female
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: John D. Cook

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 14, 1872

7. AGE: YEARS 66 — MONTHS 1 — DAYS 2 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House-wife
9. Industry or business in which work was done, as silk mill, 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): Bolling Green, Kentucky

FATHER
13. NAME: Dr. Wm. A. Proctor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Helen B agby
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): John D. Cook, Poplar Bluff, Missouri

18. BURIAL, CREMATION, OR REMOVAL: Woodlawn Cemetery
PLACE Poplar Bluff, Mo. DATE 4/18 1938

19. UNDERTAKER (ADDRESS): Frank Und. Co., Poplar Bluff, Mo.

20. FILED 4/18 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1 — 1938, to April 16, 1938
I last saw her alive on April 14, 1938. Death is said to have occurred on the date stated above, at 6:30p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Dementia	1937
82 D-	

Other contributory causes of importance:
Arterio sclerosis
Palsy.

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? ..... 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? .....
If so, specify .....
(Signed) Alfred R Rowe, M. D.
(Address) Poplar Bluff Mo.