

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

10047
 Do not use this space.

REC'D APR 11 1939

1. PLACE OF DEATH

(a) County Boone Registration District No. 74
 (b) Township Rockyfork Primary Registration District No. 5113
 (c) City or Near Hallsville (d) Street No. _____
 (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. 33 mos. 15 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 20th Robert Alexander Cook
Boone Co. Near Hallsville (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 Missus Peattie Cook
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8 - 1862
 7. AGE YEARS 76 MONTHS 6 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired 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) Rome Ohio
 FATHER 13. NAME William Cook
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.
 MOTHER 15. MAIDEN NAME Melissa Lewis
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 17. INFORMANT Fred Cook (ADDRESS) Wichita Kas.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Pleasant DATE 3-28 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) L. P. Cook Hallsville Mo.
 20. FILED 3-26 - 1939 Mrs. F. J. Fawcett Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 26 1939
 22. I HEREBY CERTIFY, That I attended deceased from Mar. 24 1939, to Mar. 26 1939
 I last saw him alive on Mar. 26 1939. Death is said to have occurred on the date stated above, at 3:00 A.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset 3/26
g.f.m.
 Other contributory causes of importance:
Senility
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Phys. exam 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) M. J. Fawcett, M. D.
 (Address) Hallsville Mo.

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.

10

2

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.....

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

Signed..... *Tom McHarg Jr.*.....

Licensed Embalmer No..... *4067*.....

P. O. Address..... *Columbia, Mo.*.....

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.