

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.

RECORDED MAY 19 1939

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

15019
Do not use this space.

1. PLACE OF DEATH

(a) County Howell Registration District No. 384

(b) Township _____ Primary Registration District No. 4227 Registered No. _____

(c) City West Plains (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 0 yrs. 0 mos. 17 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 207 ESEDEL F. COOK

(a) Residence, No. E. Hamilton St. (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 17, 1857

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

81 6 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None (old Age Pensioner)

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) De Witt, Iowa (STATE OR COUNTRY)

FATHER 13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1939, to March 31, 1939

I last saw him alive on March 31, 1939. Death is said to have occurred on the date stated above, at 8:30 P.

The principal cause of death and related causes of importance were as follows:

influenza

Date of onset _____

Other contributory causes of importance: Senility

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical 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) J. W. Bingham, M. D.

344 (Address) West Plains, Mo.

17. INFORMANT Old Age Assistance Records (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Howell County Farm PLACE Howell Township DATE April 1, 1939

19. FUNERAL DIRECTOR (NAME) Hal Thornburgh (ADDRESS) West Plains, Mo.

20. FILED 4-1- 1939 Vida W. Simons Local Registrar.

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.