

85 AUG 12 1939

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

25538
Do not use this space.

1. PLACE OF DEATH
 (a) County Dunklin Registration District No. 288
 (b) Township Independence Primary Registration District No. 5406
 (c) City _____ or _____ (d) Street No. _____ St.
 (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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Linda Lee Cook

(a) Residence, No. _____ 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10-1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 — 16

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. at home
 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) Kennett Mo.

FATHER
 13. NAME Alton Cook
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Independence

MOTHER
 15. MAIDEN NAME Jewel Aldridge
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Ark

17. INFORMANT Sid Aldridge (ADDRESS) Kennett, Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE None DATE 7/27 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Family Kennett

20. FILED 7-27-39 Shelley Davis Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1939

22. I HEREBY CERTIFY That I attended deceased from July 22-1939 to July 26, 1939
 I last saw him alive on July 26, 1939. Death is said to have occurred on the date stated above, at 5:40 P.M.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia
 Date of onset 7/20/39

Other contributory causes of importance: 108

Name of operation None Date of _____
 What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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) Paul Baldwin, M. D.
 (Address) Kennett Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1 X18605

RECEIVED

District Health Officer No. 3,

District File Number 839-504

Date Filed 8/9/39

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.