

REC'D AUG 18 1939

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

26050

Do not use this space.

1. PLACE OF DEATH

(a) County LACLEDE Registration District No. H 50
(b) Township Englain Primary Registration District No. 5615- Registered No. 6
(c) City _____ (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

(a) Residence, No. 200 John C Cook
Sumner Mo. 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Miss A Breeden</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 11-1870</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>3</u>
	DAYS <u>16</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>FARMER</u>	
	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) <u>Palatka Co. Mo.</u>		
FATHER	13. NAME <u>Mr J Cook</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Page Co. Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Rebecca Barnard</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cobsville Mo.</u>	
17. INFORMANT (ADDRESS) <u>Mrs J C Cook</u> <u>Sumner Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sumner Mo.</u> DATE <u>July 29 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Palmett</u> <u>Sumner</u>		
20. FILED <u>July 29 1939</u> <u>D A Atkins</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27 1939

22. I HEREBY CERTIFY That I attended deceased from July 24 1939 to July 27 1939
I last saw him alive on July 29 1939 Death is said to have occurred on the date stated above, at 2:50 p.m.
The principal cause of death and related causes of importance were as follows:
Atrophic Cirrhosis of Liver -
Date of onset July 38

Other contributory causes of importance: 124 lb

Name of operation none Date of _____
What test confirmed diagnosis? Physical 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 none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify Physical, M. D.
(Signed) _____ 405 (Address) Sumner Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED

District Health Officer No. 7

District File Number 7-39-1234

Date Filed 8-12-39

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

R. W. Palmer

Licensed Embalmer No. 1161

P. O. Address

St. Louis, 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.