

REC'D AUG 22 1939

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

26591

Do not use this space.

1. PLACE OF DEATH

(a) County Pulaski Registration District No. 5-9-44 714
(b) Township Roubidoux Primary Registration District No. 7-14 57184
(c) City _____ (d) Street No. _____ Registered No. 7
(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.
(If death occurred in Hospital or Institution, write its name instead of street and number) St.

2. PRINT FULL NAME Eulah Blanch Cook

(a) Residence, No. Pulaski County 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 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 George Cook

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 7, 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 10 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife
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) July 16, 1939 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Emmerson, Iowa
Iowa

FATHER 13. NAME John A. Edie

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

MOTHER 15. MAIDEN NAME Elizabeth Carey

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

17. INFORMANT George Cook
(ADDRESS) Cookville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Macedonia Cem. DATE July 26, 1939

19. FUNERAL DIRECTOR (NAME) J. L. HOOPS & SONS
(ADDRESS) Crocker, Missouri

20. FILED 7-31-39 S. S. Hoover Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24th 1939

22. I HEREBY CERTIFY, That I attended deceased from 7-24-39, 19____, to 7-24-39, 19____

I last saw h. or alive on 7-24-39, 19____. Death is said to have occurred on the date stated above, at 3:30 p.m. 7-24-39
The principal cause of death and related causes of importance were as follows:

Lobar PneumoniaDate of onset
7-10-39

Other contributory causes of importance:

Obesity

Name of operation _____ Date of _____

What test confirmed diagnosis? Physic 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) C. Miller M.D. M. D.(Address) Wagon, Mo

RECEIVED

District Health Officer No. 5

District File Number 839 82

Date Filed 8/10/39

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 Paul B. Hoops

Licensed Embalmer No. 3268

P. O. Address Crook, 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.