

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

29701  
 Do not use this space.

REC'D SEP 19 1939

1. PLACE OF DEATH  
 (a) County Marion Registration District No. 532  
 (b) Township Warren Primary Registration District No. 5745  
 (c) City \_\_\_\_\_ (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 62 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 670 Nelson Ira Crook  
 (a) Residence, No. Marion County, 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 Male 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) Nov. 1<sup>st</sup> 1869

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hra. or .....min.
	<u>69</u>	<u>9</u>	<u>10</u>	

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 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 \_\_\_\_\_

FATHER  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berry Co. Michigan  
 13. NAME Christopher P. Crook  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

MOTHER  
 15. MAIDEN NAME Martha Jane-Phillips  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (ADDRESS) Mrs. Charles Crook Philadelphia, Mo. - R=2

18. BURIAL, CREMATION, OR REMOVAL PLACE Warren Cemetery DATE Aug 12 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wilson & Son Monroe City Mo.

20. FILED Aug 11<sup>th</sup> 1939 Mrs. Berta V. Wagner Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 10<sup>th</sup> 1939

22. I HEREBY CERTIFY, that I attended deceased from Nov 20 1897, to Aug 10 1939  
 I last saw him alive on Aug 10 1939 Death is said to have occurred on the date stated above, at 10:45 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage Date of onset 8-9-39  
Hypertension 1935  
Cerebral Hemorrhage 15-20-37

Other contributory causes of importance:  
No Physical Findings  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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. H. Kibb M. D.  
Monroe City 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.

**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 *Leslie L. Wilson*

Licensed Embalmer No. *3014*

P. O. Address *Monroe City 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.**