

DEC 18 1936

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

Do not use this space.

38302-A

1. PLACE OF DEATH

County Barry Registration District No. 31
Township Wheaton Primary Registration District No. 5042A
City Wheaton St. _____ Ward _____

File No. _____

Registered No. 40

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 23 1861
7. AGE YEARS 71 MONTHS 9 DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, 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) Missouri13. NAME George Cook14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Neumann15. MAIDEN NAME Helena Smith16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT _____ (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE Immanu. Cem. DATE Dec. 25, 193619. UNDERTAKER _____ (ADDRESS) Wheaton20. FILED Nov. 25, 1936 Mathie Blankenship Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 23, 193622. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1936, to Dec 23, 1936I last saw him alive on Dec 23, 1936 Death is said to have occurred on the date stated above, at 11:30 pm.

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

Cerebral Hemorrhage Date of onset Dec 20
92C
87A
102 ①

Other contributory causes of importance:

Chr. Hypertension 10 yrs.
Chr. Thycarditis 12

Name of operation None Date of _____What test confirmed diagnosis? Physical Was there an autopsy? No23. 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? _____ If so, specify _____

(Signed) Chas. B. ..., M. D.(Address) Wheaton, 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.

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