

NOV 2 3 1938

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

36314  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Monticau Registration District No. 571  
 (b) Township Walter Primary Registration District No. 4335 Registered No. 571  
 (c) City California (d) Street No. \_\_\_\_\_ St.  
 (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 William Samuel 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 Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-27-1866

7. AGE YEARS 71 MONTHS 9 DAYS 28 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Lumber Man

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) Monticau Co. Mo.

13. NAME Rudrew Jackson Cook

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticau Co. Mo.

15. MAIDEN NAME Alvina Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticau Co. Mo.

17. INFORMANT (ADDRESS) Miss Gladys Cook California Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cem DATE 10/27/38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. & F. Friedman California Mo.

20. FILED 10-27-38 H. P. Poppy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 25 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-1-, 1938, to Oct 25, 1938  
 I last saw him alive on Oct 25, 1938 Death is said to have occurred on the date stated above, at 9 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Bronchial Pneumonia  
4 days  
1070  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Pericardial Anemia  
One year  
710

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_  
 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) W. H. Pathauer M. D.  
 (Address) California 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 *Wm. C. Williams*

Licensed Embalmer No. *3537*

P. O. Address *California 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.**