

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.

MAR 24 1936

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

Do not use this space.

6894

1. PLACE OF DEATH

County Monticau  
Township Walden  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 571  
Primary Registration District No. 5769

File No. \_\_\_\_\_  
Registered No. 10  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Christopher Monroe Cook

(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 <u>Male</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 _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 23 - 1852</u>		
7. AGE <u>83</u>	YEARS <u>5</u>	MONTHS <u>26</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		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) <u>Monticau Co</u>		
13. NAME <u>Washington Cook</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Peoria</u>		
15. MAIDEN NAME <u>Elizabeth Phelan</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Peoria</u>		
17. INFORMANT <u>W. B. Cook</u> (ADDRESS) <u>California mo</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Old Lebanon</u> DATE <u>2/21</u> 19 <u>36</u>		
19. UNDERTAKER <u>Wells and Friedmaner</u> (ADDRESS) <u>California mo</u>		
20. FILED <u>2-21-1936</u> <u>A. R. Popejoy</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-19-1936

22. I HEREBY CERTIFY, That I attended deceased from 2-17-1936, to 2-19-1936. I last saw him alive on 2-19-1936. Death is said to have occurred on the date stated above, at 6:58 p. m. The principal cause of death and related causes of importance were as follows:  
Acute Bronchitis  
Chronic Valvular Heart Trouble  
Date of onset \_\_\_\_\_

Other contributory causes of importance:  
None

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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 \_\_\_\_\_, 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) A. R. Popejoy M. D.  
(Address) California mo

