

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.

FEB 19 1936

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

Do not use this space.

678

1. PLACE OF DEATH

County Leone  
Township Jefferson  
City Jefferson (No. \_\_\_\_\_)

Registration District No. 213  
Primary Registration District No. 3014

File No. \_\_\_\_\_  
Registered No. 32  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Marion Miree Cook

(a) Residence, No. 503 24 Elm St., \_\_\_\_\_ Ward.

(Usual place of abode) \_\_\_\_\_ (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 5 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>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND (OR) WIFE OF <u>George Harrison</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 6 - 1908</u>			
7. AGE	YEARS <u>27</u>	MONTHS <u>4</u>	DAYS <u>25</u>
	IF LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Aluminum</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>St Louis Mo</u>			
FATHER	13. NAME <u>Clash</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
MOTHER	15. MAIDEN NAME <u>Hattie Robinson</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
17. INFORMANT (ADDRESS) <u>Thos J Cook</u>			
18. BURIAL, CREMATION, OR REMOVAL <u>Lebanon Mo</u> DATE <u>2-2-36</u>			
19. UNDERTAKER (ADDRESS) <u>Lawson - Jackson</u>			
20. FILED <u>2/5/36</u> <u>W. B. [unclear]</u> Registrar			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb Jan 31, 1936

22. I HEREBY CERTIFY That I attended deceased from Jan 18 1936 to Jan 31 1936  
I last saw him alive on Jan 31 1936. Death is said to have occurred on the date stated above, at 1:00 p. m.  
The principal cause of death and related causes of importance were as follows:  
Lobar pneumonia Date of onset 1-16-36

Other contributory causes of importance:  
myocardial infarct

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 \_\_\_\_\_, 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) John W. M. Hancy, M. D.  
(Address) Jefferson City, Mo.

JAN 10 1947

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