

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

DEC 19 1935

36752

1. PLACE OF DEATH

County Monteau
 Township Walter
 City California (No. _____)

Registration District No. 54Primary Registration District No. 4335

File No. _____

Registered No. 70

St. _____ Ward) _____

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 Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 26 - 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 6 26

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

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) Monteau Co Mo
 (STATE OR COUNTRY)

13. NAME W B Cook

14. BIRTHPLACE (CITY OR TOWN) Monteau Co
 (STATE OR COUNTRY)

15. MAIDEN NAME Rose Cunningham

16. BIRTHPLACE (CITY OR TOWN) Monteau Co
 (STATE OR COUNTRY)

17. INFORMANT Mrs Rose Cook
 (ADDRESS) California Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Masonic Cem DATE 11/3 1935

19. UNDERTAKER William & Fred Meyer
 (ADDRESS) California Mo

20. FILED 11-3 1935 THR Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 2nd 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on November 1st 1935. Death is said to have occurred on the date stated above, at 10:45 AM.

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

Scarlatina

Date of onset

Other contributory causes of importance

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?

If so, specify _____

(Signed) L. H. Meyer, M. D.

(Address) _____

