

1927

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

Do not use this space.

19040

1. PLACE OF DEATH

County Newton Registration District No. 614
Township Granby Primary Registration District No. 5876
City (No.) St. Ward)

File No.
Registered No. 76

2. FULL NAME

Burley Carson 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 27, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 4 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) L
(c) Name of employer X

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

10. NAME OF FATHER John B. Cook

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) ky

12. MAIDEN NAME OF MOTHER Francis C Cox

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) ky

14. INFORMANT Burley Cook
(Address) Stella N. H. 7.

15. FILED 6/29 37 St. L. Wellen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 28 19 27

17. I HEREBY CERTIFY That I attended deceased from June 28 19 27 to June 28 19 27
that I last saw him alive on June 28 19 27 and that death occurred, on the date stated above, at 3:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary hemorrhage
from Pulmonary Tuberculosis

CONTRIBUTORY (SECONDARY) Pulmonary Hemorrhage
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF BIRTH,
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? 8

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. H. Wellen, M. D.
6/29 37 (Address) Granby Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Granby Cemetery DATE OF BURIAL June 30 19 27

20. UNDERTAKER J. H. Wellen ADDRESS Granby 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.

