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

Do not use this space.

27782

1. PLACE OF DEATH

County Madison — Registration District No. 538 — File No.

Township Central — Primary Registration District No. 6282 — Registered No.

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Thomas Truman 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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: May-5-1926

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May [illegible] 1926

7. AGE: Years 1 — Months 4 — Days 14 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Madison Co.
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Thos. Cook
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Madison Co
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Edna Stephens
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Madison Co
(STATE OR COUNTRY) Missouri

14. INFORMANT Thos. Cook
(Address) Marquand Mo.

15. FILED 9/31 1927 C. U. Davis M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 19 1927

17. I HEREBY CERTIFY, That I attended deceased from Sep 2 1927, to Sep 19 1927 that I last saw h... alive on Sep 19, 1927 and that death occurred, on the date stated above, at 11:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Nephritis complicated by Tuberculous Meningitis
24H
130 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 320 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) M. B. Barlow, M. D
Sep 19, 1927 (Address) Frederickstown 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: Stephens family cemetery Mad. Co. Mo. — DATE OF BURIAL: 9/20 1927

20. UNDERTAKER: Ed. H. Webb — ADDRESS: Frederickstown 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.