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.

1927

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

Do not use this space.

30946 X

1. PLACE OF DEATH

County Marion — Registration District No. 547

Township — Primary Registration District No. 3079

City Hannibal (No. 3920 Morton St. St. 6th Ward)

File No.

Registered No. 785

2. FULL NAME William .M. Cook

(a) Residence. No. 3920 Morton St 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov, 29, 1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	48	10	21	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Cement Plant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Center Mo.
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER James H. Cook

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

12. MAIDEN NAME OF MOTHER Martha Lynch

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

14. INFORMANT Viola Cook
(Address) 3920 Morton St

15. FILED Oct 28, 1927 C E Strode REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct, 20, 1927

17. I HEREBY CERTIFY, That I attended deceased from July, 1927, to Oct 20, 1927 that I last saw him alive on Oct 17, 1927, and that death occurred, on the date stated above, at 5:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Dilatation of Heart
92 B
95 B
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Mitral Insufficiency
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) C E Salyer, M. D
, 19 (Address) Hannibal 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 Mount Olivet

DATE OF BURIAL 10/23 1927

20. UNDERTAKER Wm, M. Smith

ADDRESS Hannibal