

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

Do not use this space.

4864

**1. PLACE OF DEATH**

County Jackson  
Township St. Lawrence  
City Kauffman (No. 3610)  
Welden

Registration District No. 399  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. 519  
St. \_\_\_\_\_ Ward

**2. FULL NAME**

Charles H. Cook  
(a) Residence. No. 3610 Welden St., 14 Ward.  
(Usual place of abode)  
Length of residence in city or town where death occurred 30 yrs. 14 mos. 14 da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 18 1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
73 10 16

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

10. NAME OF FATHER Joseph Cook

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

12. MAIDEN NAME OF MOTHER Wheeler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) no record

14. INFORMANT Hettie Cook  
(Address) 3610 Welden

15. FILED 2/6/28 M. M. Coraine REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

3  
16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/4 1928  
17.

HEREBY CERTIFY, That I attended deceased from July 22, 1927, to Feb. 3, 1928  
that I last saw him alive on Feb 3, 1928, and that death occurred, on the date stated above, at 7:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Hypertension, Atherosclerosis and cerebral thrombosis  
82/7  
99 7401 6 mos. 25 da.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none  
(Signed) Arthur H. Kessler, M. D.  
Feb 5, 1928. (Address) 3000 Indiana Ave

\*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 Brookings DATE OF BURIAL Feb. 7-1928

20. UNDERTAKER Ms. L. Fayette ADDRESS Welden

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.

3321-6

4:30 pm