WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

4715

**1. PLACE OF DEATH**

County ..... Registration District No. 791 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 1406

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

**2. FULL NAME** Lee Howard Cook

(a) Residence. No. 2937a Eads Ave St., 17 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 25 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~~ Gertrude M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 8 1884

| 7. AGE Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 44 | 3 | 19 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Railway Postal Clerk

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

(c) Name of employer Missouri Pacific R.R.

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

PARENTS

10. NAME OF FATHER Joseph W Cook

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

12. MAIDEN NAME OF MOTHER Virginia Merideth

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

14. INFORMANT Mrs. Gertrude M Cook
(Address) 2937a Eads Ave.

15. FILED 24 1929 19 Max C Starkloff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 27 1929

17. I HEREBY CERTIFY, That I attended deceased from December 24th, 1928, to Jany 27, 1929, that I last saw him alive on Jany 27-1, 1929, and that death occurred, on the date stated above, at 12:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho-pneumonia following attack of mild Influenza beginning about Dec 22nd 1928 to Jany 15 1929. Pneumonia followed Jany 19th to Jany 27th 1929 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 11 (duration) ..... yrs. ..... mos. ..... ds.

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) W. C. B. Feld, M. D

1/28, 1929 (Address) 6000(a) Suburban 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 | DATE OF BURIAL |
|---|---|
| Mt. Hope Cem. E. St. Louis. | Jan. 29 1929 |

| 20. UNDERTAKER | ADDRESS |
|---|---|
| C. G. Kurrus Jr. | E. St. Louis Illinois |

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