

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

Do not use this space.

16855

File No. **A 4990**

Registered No. \_\_\_\_\_

**1. PLACE OF DEATH**

County St. Louis, Mo.  
Township \_\_\_\_\_  
City \_\_\_\_\_

Registration District No. 791  
Primary Registration District No. 1009  
Ms. Joe Koepa

**2. FULL NAME:**

Ira Cook (Also known as John Alexander Mitchell)

(a) Residence. No. Parque Mo St. 17 Ward.

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 6, 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 46 2 18

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Extra Day Laborer  
(b) General nature of industry, business, or establishment in which employed (or employer) Railroad  
(c) Name of employer Ms. Pac. Railroad

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Mo

10. NAME OF FATHER James A. Cook

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

12. MAIDEN NAME OF MOTHER May Hays

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St. Charles, Mo

14. INFORMANT (Address) Dr. J. C. Cook  
DePue, Mo

15. FILED MAY -2 1929 May C. Starkey REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 30 1929

17. I HEREBY CERTIFY, That I attended deceased from April 29 1929, to April 30 1929 that I last saw him alive on April 30 1929, and that death occurred, on the date stated above, at 5:45 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Lobar Pneumonia, Left

(duration) 108 yrs. 7 mos. 7 ds.

CONTRIBUTORY (SECONDARY) MI (duration) MI yrs. MI mos. MI 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 Chemical & Bacteriologic  
(Signed) J. A. Lembuck M.D.  
(Address) 1755 S. Grand

\*State the DISEASE CAUSING DEATHS, 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 DePue Mo DATE OF BURIAL 5/3 1929

20. UNDERTAKER Mois. Muesley ADDRESS Hanby

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.

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

