MAY 22 1930

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

Do not use this space.

11612

1. PLACE OF DEATH
County: Barry — Registration District No. 36 — File No. 4
Township: Pleasant Ridge — Primary Registration District No. 8043 — Registered No. 4
City ..... (No. ..... St. ..... Ward)

2. FULL NAME: Andrew Jefferson 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 12 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Margaret Gist Cook

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb. 13 - 1869

7. AGE: Years 61 — Months 1 — Days 27 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Golden
(STATE OR COUNTRY): Illinois

PARENTS
10. NAME OF FATHER: Jasper Cook
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Tenn.
12. MAIDEN NAME OF MOTHER: Rhoda Craufnd
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Tenn.

14. INFORMANT: Bryan Cook
(Address): Verona Mo.

15. FILED 4/12, 1930 — M. J. Epemel, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 10 1930

17. I HEREBY CERTIFY, That I attended deceased from 4/5, 1930, to 4/10, 1930 that I last saw [illegible] alive on 4/10, 1930, and that death occurred, on the date stated above, at 8 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

11A (duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY): Influenza

(duration) ..... yrs. ..... mos. 3 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? Clinical
(Signed) J. Vice Smith, M. D
, 19 (Address) Verona, 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: Spring River Cem. — DATE OF BURIAL: Verona, Mo. 4/11, 1930

20. UNDERTAKER: Holton Undertaking — ADDRESS: Verona, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state