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

Do not use this space.

85

18661

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 1001 — File No.:

Township: — Primary Registration District No.: — Registered No.: 681

City: St. Joseph, (No. Missouri Methodist Hospital, Road ... Ward)

2. FULL NAME: Edgar Leighton Hook,

(a) Residence. No. 9 M.So.on Sparta Rd. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 11 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	Single,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 10th. 1891

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	38	10	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer, 134A
(b) General nature of industry, business, or establishment in which employed (or employer): 131
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Nodaway County,
(STATE OR COUNTRY) Missouri,

PARENTS

10. NAME OF FATHER James Hook,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Wapello County
(STATE OR COUNTRY) Iowa,

12. MAIDEN NAME OF MOTHER Alice Purtle,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Johnson Co.,
(STATE OR COUNTRY) Missouri,

14. INFORMANT Mrs. Alice Hook
(Address) R.F.D. # 5, St. Joseph, Mo.

15. FILED JUN 12 1930 19 John G. Ott REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 11. 1930

17. I HEREBY CERTIFY, That I attended deceased from June 3 - 1930, to June 11 - 1930 that I last saw he alive on June 11 - 1930 and that death occurred, on the date stated above, at 11:10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis

(duration) 4 yrs. 4 mos. 3 ds.

CONTRIBUTORY (SECONDARY) Acute Suppurative Uremia

(duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? yes DATE OF June 4 30

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) [illegible], M. D.

6/12, 1930 (Address) St. Joseph 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: Sparta Cemetery, — DATE OF BURIAL: June 13 19 30

20. UNDERTAKER: Heaton-Bryal-Bowman Funeral Home — ADDRESS: 319 S. 10 St.

cated by check marks, lacking from the death certificate:

Name: Edgar Leighton Cook

Who died at: St. Joseph, Mo. on June 11, 1930,

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years ____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____ 122 B

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Chronic Nephritis
Pyelonephritis Acute Left, Renal Calculi Left,

Contributory: Acute Suppression Urine,
Shock Traumatic, Nephritis Chronic Right, Anuria & Cirrhosis Liver.

Where was disease contracted? _____

Did operation precede death? yes Date of _____

Was there an autopsy? _____ What test confirmed diagnosis? _____

Name of physician: A. E. Bingham

Address of physician: 211 Kirkpatrick Bldg. St Joseph Mo.

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