

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

Do not use this space.

**1. PLACE OF DEATH**

County Stoddard  
Township Pike  
City..... No.....

Registration District No. 834  
Primary Registration District No. 6097

File No. 21624  
Registered No. 13  
St. .... Ward)

**2. FULL NAME**

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWER OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Estelime Cook</u> <u>Stoddard</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>7-25-1841</u>				
7. AGE	YEARS <u>88</u>	MONTHS <u>11</u>	DAYS <u>17</u>	If LESS than 1 day, ..... hrs. or ..... min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>None</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer				

9. BIRTHPLACE (CITY OR TOWN)..... Ill.  
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Hartly Cook, sr.</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>
	12. MAIDEN NAME OF MOTHER <u>Don't Know</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>	

14. INFORMANT Roy Cook  
(Address) Beech Creek Mo

15. FILED 6-10-1930 A. M. Kearley  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

2  
16. DATE OF DEATH (MONTH, DAY AND YEAR) June 10 1930  
17. I HEREBY CERTIFY, That I attended deceased from June 7 1930 to June 10 1930 that I last saw alive on 6-10-p, 1930, and that death occurred, on the date stated above, at 5 m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Bronchitis  
1660  
1620

(duration) ..... yrs. .... mos. 7 ds.  
CONTRIBUTORY old age  
(SECONDARY) (duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTACTED  
IF NOT AT PLACE OF DEATH.....  
DID AN OPERATION PRECEDE DEATH? no DATE OF.....  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) John Wilson M. D.  
June 10 1930 (Address) Bell City 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 <u>Riverton, Ill.</u>	DATE OF BURIAL <u>6-12-1930</u>
20. UNDERTAKER <u>N. C. Clayton</u>	ADDRESS <u>Bell City, Mo</u>

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 UNPADDED INK—THIS IS A PERMANENT RECORD

EDW 287

