

NOV 28 1930

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

Do not use this space.

35177

1. PLACE OF DEATH

County Wagon
Township Hardinger
City Harmon (No.)

Registration District No. 875
Primary Registration District No. 6162

File No.
Registered No. 244
St. Ward

2. FULL NAME: Thomas M. Cook

(a) Residence. No. St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred 15 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) D.K. 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
81 K.D. K.D.

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) Garret
(STATE OR COUNTRY) Kansas

10. NAME OF FATHER Uehman

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

12. MAIDEN NAME OF MOTHER Uehman

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

14. INFORMANT Calis Dean
(Address) R711 Nevada Mo.

15. FILED 11.8.1930 E.P. King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 19 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1930 to Oct 18, 1930 that I last saw h. alive on Oct 18, 1930, and that death occurred, on the date stated above at m.

THE CAUSE OF DEATH* HAS AS FOLLOWS:
Bronchial Pneumonia

18. WHERE WAS DISEASE CONTRACTED 107A
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1000
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 107A
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) J. M. Yater M. D.

Oct 19, 1930 (address) Nevada 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 Calvary Cemetery DATE OF BURIAL Oct 20 1930

20. UNDERTAKER Gray Funeral Home ADDRESS Nevada, 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

