

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.

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

Do not use this space.

22061

1. PLACE OF DEATH

County Macon

Registration District No. 528

Township

Primary Registration District No. 4314

City Callas mo (No. ....)

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME J. L. 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 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 widowed (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 22 - 1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ... hrs. or ... min.  
77 4 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (CITY OR TOWN) Macon County, Mo (STATE OR COUNTRY)

13. NAME Rice Cook

14. BIRTHPLACE (CITY OR TOWN) Macon Co, Mo (STATE OR COUNTRY)

15. MAIDEN NAME Liza Ballinger

16. BIRTHPLACE (CITY OR TOWN) Macon County, Mo (STATE OR COUNTRY)

17. INFORMANT Jno. Cook (ADDRESS) Macon, Mo R 47

18. BURIAL, CREMATION, OR REMOVAL PLACE Blount DATE June 23, 1931

19. UNDERTAKER J. G. Edwards (ADDRESS) Blount, Mo

20. FILED June 23, 1931 (Address) Wardlaw Mo Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21st, 1931

22. I HEREBY CERTIFY that I attended deceased from Aug 21, 1930, to June 21, 1931

I last saw him alive on June 21, 1931. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of prostate gland.  
510

Other contributory causes of importance:

Name of operation: 510 Date of: 9

What test confirmed diagnosis? Pro Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury: .....

Nature of injury: .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. M. [Signature] M. D.

(Address) Callas Mo.

JUL 5 1931

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