

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.

30917-1
 FEB 23 1932

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

Do not use this space.

1. PLACE OF DEATH

County Douglas

Registration District No. 1071

Township Wells

Primary Registration District No. 5398

City _____ (No. _____)

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. James A. Cook 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

m

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Binda Cook

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

May 7, 1862

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, _____ hrs.

or _____ min.

69

4

22

OCCUPATION

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)

June 1931

11. Total time (years)

spent in this

occupation 50

12. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Texas

FATHER

13. NAME

James Cook

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

unk

MOTHER

15. MAIDEN NAME

Binda Henson

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

17. INFORMANT

(ADDRESS)

Walter Cook
Sweden, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Boulder Mo

DATE

Sept 30 1931

19. UNDERTAKER

(ADDRESS)

Neighbors
8 Birdner, Mo.

20. FILED

1/14

1932

E. S. Warden

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Sept 29

1931

22. I HEREBY CERTIFY, That I attended deceased from

19____, to 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 1 p. m.

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

Had no attending physician
cause of death said to have
been neuralgia affecting the
head.

Other contributory causes of importance:

Name of operation none

Date of _____

What test confirmed diagnosis? _____ 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) E. S. Warden, L.R.

M.D.

(Address) Quines, Mo.

