WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

FEB 23 1932

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

Do not use this space.

1. PLACE OF DEATH

16 County Cape Girardeau — Registration District No. 126 — File No. 1 382

Township Hubble — Primary Registration District No. 5174B — Registered No.

City ~~Near Whitewater~~ (No. ..... , ... St. ..... Ward)

2. FULL NAME Henry Alonzo Cook

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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 (*write* the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Son of N. D. Cook

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 22, 1908

7. AGE: YEARS 23 — MONTHS 4 — DAYS 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farming 1

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

10. Date deceased last worked at this occupation (month and year) July 1928 — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Whitewater Mo. 1

FATHER

13. NAME N. D. Cook

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

MOTHER

15. MAIDEN NAME Martha McIntyre

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hubble Township Cape Girardeau Co. Mo.

17. INFORMANT (ADDRESS) N. D. Cook R1 Whitewater Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Zion Methodist Cemt DATE Jan 29 1932

19. UNDERTAKER (ADDRESS) Cranaft & Miller Jackson Mo.

20. FILED 1/29 1932 H. O. Bangert Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27, 1932

22. I HEREBY CERTIFY That I attended deceased from July 15, 1929, to Jan 27, 1932

I last saw him alive on Jan 10, 1932. Death is said to have occurred on the date stated above, at 7 A m.

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

Tuberculosis of Lungs — Date of onset 1929

23A

23

Other contributory causes of importance:

8

Name of operation ..... Date of .....

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

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 ..... (1)

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) H. J. L. Seabaugh, M. D.

(Address) Jackson Mo