

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

Do not use this space.

1896

FEB 25 1932

1. PLACE OF DEATH

73 County Newton
 3 Township
 4 City Neosho (No. Ward)

Registration District No. 609
 Primary Registration District No. 4363

File No. 17
 Registered No.

2. FULL NAME John Eli Cook

(a) Residence No. St. Ward.
 (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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 30 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 2 30

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. Merchant
 (b) General nature of industry, business, or establishment in which employed (or employer). Retired
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Springfield
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Newton H Cook

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

12. MAIDEN NAME OF MOTHER Mattie Thurman

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

14. INFORMANT Phloak
 (Address) Monett Mo

15. FILED 1/30, 1932 C. E. Marcell
 REGISTERAR by R. M.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 29 1932

17. I HEREBY CERTIFY, That I attended deceased from 1932 to Jan 29, 1932 that I last saw him alive on Jan 29, 1932 and that death occurred, on the date stated above, at 4:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of stomach
4 to 6 (duration) yrs. 10 1/2 mos. ds.
 CONTRIBUTORY Not known (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 4 to 6
 IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? No DATE OF 1
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Biopsy
 (Signed) Chas. S. Saffel M. D.
1/30, 1932 (Address) Neosho 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 P.O. Cemetery DATE OF BURIAL 1/31 1932

20. UNDERTAKER Byghams ADDRESS Neosho

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.

