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.

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

Do not use this space. 6859

File No. .....

Registered No. 1939

1. PLACE OF DEATH

County ..... Registration District No. 7907 1008

Township ..... Primary Registration District No. 4

City St Louis Mo (No. City Hospital 2 ..... St. ..... Ward)

2. FULL NAME Ernest Cook

(a) Residence, No. 3429 Walnut St., 18 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Col	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-25-1900

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
31	2		

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer 237

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss 2

FATHER

13. NAME Frank Cook

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

MOTHER

15. MAIDEN NAME Indiadie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

17. INFORMANT (ADDRESS) A Gertrude Cook City Hospital 2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE 2/29 1932

19. UNDERTAKER (ADDRESS) A. E. Beal und. 5 2722 Easton

20. FILED FEB 29 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-25-1932

22. I HEREBY CERTIFY, That I attended deceased from 9-21- 1931, to 2-25 1932

I last saw him alive on 2-25 1932. Death is said to have occurred on the date stated above, at 4:32 a.m.

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

	Date of onset
23A	
Pulmonary tuberculosis	
Other contributory causes of importance:	
23B	

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

What test confirmed diagnosis? Was there an autopsy? Yes

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) C. M. Smith, M. D.

(Address) City Hospital 2