

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

Do not use this space.

11991

1. PLACE OF DEATH  
 25 County Linton Registration District No. 210  
 Township Gayayette Primary Registration District No. 3-289  
 City Stewartsville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME John Robert 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 (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 16 1865

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>66</u>	<u>4</u>	<u>22</u>	

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. Farmer  
 10. Date deceased last worked at this occupation (month and year) June 1930  
 11. Total time (years) spent in this occupation. 54

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER  
 13. NAME William Samuel Cook  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER  
 15. MAIDEN NAME Cordelia Moseley  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Missouri

17. INFORMANT (ADDRESS) Robert Donald Cook Stewartsville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Stewartsville Mo DATE Apr 10 1932

19. UNDERTAKER (ADDRESS) J. J. Lane Stewartsville Mo

20. FILED Apr 9 1932 J. J. Lane Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8 1932

22. I HEREBY CERTIFY, That I attended deceased from April 8 1932 to Apr 18 1932  
 I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 10:00 am.  
 The principal cause of death and related causes of importance were as follows:  
chronic valvular heart disease  
92A 92A  
 Other contributory causes of importance:  
(1)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? aut. 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 \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) J. J. Lane, M. D.  
 (Address) Stewartsville Mo

MARGIN RESERVED FOR BINDING  
 WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD  
 V. NO. 2.

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.

MAY 23 1932

