

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

Do not use this space.

19118

1. PLACE OF DEATH

3 County *De Kalb*
2 Township *Cowden*
3 City *Maysville* (No. _____)

Registration District No. *259*
Primary Registration District No. *415-8*

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____
(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. (If nonresident, give city or town and State)

James Henry Cook

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Divorced*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 30, 1932*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Mary Jane Cook*

22. I HEREBY CERTIFY, That I attended deceased from *June 26, 1932* to *June 30, 1932*
I last saw him alive on *June 30, 1932* Death is said to have occurred on the date stated above, at *9:30 a.m.*
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec. 3-1864*
7. AGE YEARS *67* MONTHS *6* DAYS *27* If LESS than 1 day, _____ hrs. or _____ min.

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at home*
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) _____ 11. Total time (years) spent in this occupation _____

Lobar pneumonia
30
108 38
Other contributory causes of importance: *malaria*
Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) *Rock Island* (STATE OR COUNTRY) *Illinois*

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

FATHER 13. NAME *John J. Cook*

14. BIRTHPLACE (CITY OR TOWN) *Mason* (STATE OR COUNTRY) *Ohio*

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.

MOTHER 15. MAIDEN NAME *Emaline Yates*

16. BIRTHPLACE (CITY OR TOWN) *Ohio* (STATE OR COUNTRY) _____

Manner of injury _____
Nature of injury _____

17. INFORMANT (ADDRESS) *Mrs. Laura Chaney*
Maysville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE *W. G. Phelps* DATE *7-2-32*

24. Was disease or injury in any way related to occupation of deceased? *no*
If so, specify _____
(Signed) *W. G. Phelps* M. D.
(Address) *Maysville, Mo.*

19. UNDERTAKER (ADDRESS) *W. G. Phelps*
Maysville, Mo.

20. FILED *June 30, 1932* *W. G. Phelps* Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

