

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

Do not use this space.

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

**1003**

**24752**

Township **St. Louis**

Primary Registration District No. ....

File No. ....

City **St. Louis** (No. **Frisco Hospital**)

Registered No. **6898**

**6898**

**2. FULL NAME**

**James H. Cook**

(a) Residence. No. **4314 Wilson, St. Louis, Mo. 18** Ward.

(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 **Clara Cook.**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Oct 27, 1874**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
**57 8 26**

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work **Locomotive Engineer 116**  
(b) General nature of industry, business, or establishment in which employed (or employer) **Railroad**  
(c) Name of employer **St. Louis - San Francisco RR.**

9. BIRTHPLACE (CITY OR TOWN) **Missouri** (STATE OR COUNTRY) **1**

10. NAME OF FATHER **James C. Cook**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Penn.** (STATE OR COUNTRY) **2**

12. MAIDEN NAME OF MOTHER **Elizabeth Kirby**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Penn.** (STATE OR COUNTRY)

14. INFORMANT **Clara Cook** (Address) **3960 A McDonald**

15. FILED **JUL 25 1932** **Wm C. Frank** REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **July 23 1932**

17. I HEREBY CERTIFY, That I attended deceased from **7-21** 19**32**, to **7-23** 19**32**, that I last saw him alive on **7-23** 19**32** and that death occurred, on the date stated above, at **8:45 P. m.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**Squamous Cell Carcinoma of left jaw**

**82 D** (duration) yrs. **18** mos. ds.

CONTRIBUTORY (SECONDARY) **Hemiplegia Rt.** (duration) yrs. mos. **3** ds.

18. WHERE WAS DISEASE CONTRACTED **at Place of Death** IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? **yes** DATE OF **6-16-31**

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **Histology (Biopsy)**  
(Signed) **W. E. Mason Jr.** M. D.  
**7-23, 1932** (Address) **4960 Ledford, St. Louis, 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 **St. Lebanon Cem** DATE OF BURIAL **7-26 1932**

20. UNDERTAKER **Wiegshaus mortuaries on Kings Highway** ADDRESS **4228**

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.

