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.

29166

File No.

Registered No. 280

1. PLACE OF DEATH

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County Jackson — Registration District No. 398

Township Blue — Primary Registration District No. 5554

City Independence (No. 815 S. Raymond St. Ward)

2. FULL NAME Lewis L. Cook.

(a) Residence, No. 815 S. Raymond. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 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	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-6-1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	68	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer 131

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

10. Date deceased last worked at this occupation (month and year) Five Years

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Modenia Wisc.

FATHER

13. NAME Calvin Cook

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada 50

MOTHER

15. MAIDEN NAME Sarah Lafferty

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

17. INFORMANT G. L. Cook
(ADDRESS) E. Sea & Harkless Aves.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mound Grove DATE Sept. 18, 1932 19

19. UNDERTAKER Stahl Funeral Home.
(ADDRESS) 815 W. Maple Ave.

20. FILED Sept 17 1932 F L Cook
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-16, 1932

22. I HEREBY CERTIFY, That I attended deceased from 6/24/32, 19..., to 9/16/32, 19...

I last saw him alive on 9/16/32, 19... Death is said to have occurred on the date stated above, at 10 m.

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

Cerebral Hemorrhage — Date of onset

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Other contributory causes of importance:

Pyo Keprosis + Chr. Vesicular Hyp B.P.

Name of operation — Date of

What test confirmed diagnosis? Clinical 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) W. E. Messenger, M. D.

(Address) Independence Mo.

Pyonephrosis