

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

Do not use this space.

5304

1. PLACE OF DEATH
 County Henry Registration District No. 352
 Township Superior Primary Registration District No. 5493
 City Monticello (No. St. Ward)

2. FULL NAME John Joseph 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 23-1844

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
<u>88</u>	<u>11</u>	<u>20</u>		

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retired
 (b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

10. NAME OF FATHER John Cook

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs Ed Hersh
 (Address) Monticello Mo

15. FILED Feb 22 1933 J M Miller
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 20 1933

17. I HEREBY CERTIFY, That I attended deceased from Feb 20 1933, to Feb 20 1933.
 that I last saw him alive on Feb 20 1933, and that death occurred, on the date stated above, at 4:00 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
chronic myocarditis
influenza
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Influenza
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

18.1 WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) H. P. Gash M. D.
Feb. 22, 1933 (Address) Appleton City

*State the DISEASE CAUSING DEATH, of 16 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 Germanytown Mo DATE OF BURIAL Feb 23 1933

20. UNDERTAKER Welling Bros ADDRESS Monticello

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.

