

*Rising*  
*gye - Baby*

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

CAUSE OF DEATH should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

15  
15  
15

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

Do not use this space.

9632

1. PLACE OF DEATH

County Jackson  
Township Kaw  
City Kansas City

Registration District No. 389  
Primary Registration District No. 4003  
(No. 3429 Lexington

File No. 1225  
Registered No. 1225  
St. \_\_\_\_\_ Ward)

2. FULL NAME Peter C Cook

(a) Residence, No. 3429 Lexington St., \_\_\_\_\_ 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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Catherine Cook</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>		
7. AGE	YEARS	MONTHS
	<u>78</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>R. R. Fireman</u>	11. Total time (years) spent in this occupation
	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)	

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12, 1933

22. I HEREBY CERTIFY, that I attended deceased from Mar 9 1933, to Mar 17 1933  
I last saw him alive on Mar 12 1933 Death is said to have occurred on the date stated above, at 11.05 P.M.  
The principal cause of death and related causes of importance were as follows:  
Acute Myocarditis  
Coronary Sclerosis

Date of case 3/8/33  
Other contributory causes of importance: 540 290

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>
	13. NAME <u>Charles Cook</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>
MOTHER	15. MAIDEN NAME <u>Bridgat Smith</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>
17. INFORMANT <u>Catherine Cook</u> (ADDRESS) <u>3429 Lexington</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cem.</u> DATE <u>3/15/33</u>	
19. UNDERTAKER <u>Lynch and John</u> (ADDRESS) <u>26 mo</u>	
20. FILED <u>2/14 1933</u> <u>M. M. Crowe</u> Registrar.	

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Physical Signs 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Paul J. King, M. D.  
(Address) 602 ARGYLE BLDG.

66123

.....I.